

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **MAIN 0007505**

Date In: 16/1/20 16:24	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2001035/24	SAS e-filing		
Veh No: SLJ2231R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/1/20 21:45	i-Motor Claim Form	MA/1080437-001	16/1/20 16:35
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLJ1857C	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:	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	Q1*		
	*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	

Auditors' Comments :-

Ref 1:

Ref 2 / 3:

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	16/01/2020 16:24
Date Of Accident	15/01/2020 21:45
Exact Location Of Accident	SENGKANG WEST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2731R
Insured/Policyholder	
Name Of Registered Owner	HONG HEE KENG
NRIC No	SXXXX973B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91441448
Alternative Phone No	OFFICE-91441448

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 SB (R18 BI)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107259384
Cover Note Number	

Driver

Name of Driver	HONG HEE KENG (FANG XIQING)
NRIC No	SXXXX973B
Date Of Birth	06/09/1972
Occupation	INDOOR
Date Of Driving Pass	27/01/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91441448
Fax Number	
Contact Number	OFFICE-91441448
Email Address	NOEMAIL

Address	BLK 996B BUANGKOK CRESCENT #08-899
Postcode	532996
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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/20200116/7015.

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	SMJ1867C
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJZ4186R
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMF5848C
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)

DETAILS OF INJURED PERSON 1

Name HONG HEE KENG (FANG XIQING)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLJ2731R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
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:

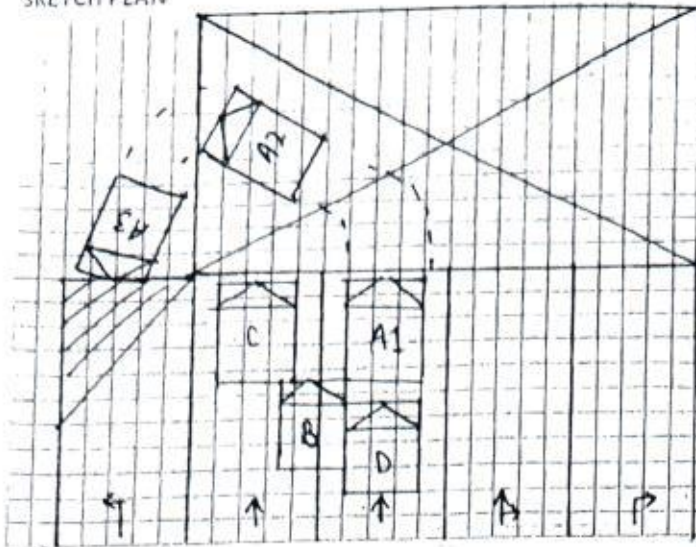
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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



Vehicle A: SJ2731R
 Vehicle B: SMJ1867C
 Vehicle C: SJ2486R
 Vehicle D: SMF5848C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Base on Police Report.

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 : 15/01/2020 Accident Time: 2145 (24-HR-Format)
Accident Place : Seng Kang We4 Way
Vehicle Reg. No (Car Plate No.) : SLJ 2731R
Vehicle Make/Model : CLA 180 (Shooting Brake)
Insurance Company : NTUC Policy No. _____
Owner or Company Name /IC No. : Hong Hee Keng (S7232973B)
Owner or Company Contact No. : _____ Owner's Hp 91441448 Company Tel _____
DRIVER'S Name / IC No. : "
DRIVER'S Date Of Birth : 06/09/1972 DRIVER'S License Pass Date 27/01/2017
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : BLK 996 B #08-899 Buangkok Crescent (532996)
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Max.Hong@live.com.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): 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>SMJ 1867C</u>	Vehicle Reg. No: <u>SJ24186R</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Vehicle D: SMFJ848C



**SINGAPORE
POLICE FORCE**



T/20200116/7015

1 of 3

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

Report No. T/20200116/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2020 12:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HONG HEE KENG			Address: APT BLK 996B BUANGKOK CRESCENT #08-899 SINGAPORE 532996		
ID Type / ID No.: NRIC NO / S7232973B			Contact No.: Home/Office:		Mobile: 91441448
Nationality: SINGAPORE CITIZEN			Email: max.hong@live.com.sg		
Sex: Male	Age: 47	Date of Birth: 06/09/1972	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Lifeguard		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/01/2020 21:45	Type of Location: Straight Road
Location: SENGKANG WEST WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ4186R	Car	MERCEDES BENZ	C180	Silver	Slightly Damaged	0
SLJ2731R	Car	MERCEDES BENZ	CLA180 SB (R18 BI)	Brown	Seriously Damaged	1
SMF5848C	Car	HONDA	HONDA SHUTTLE	Silver	Slightly Damaged	0
SMJ1867C	Car	HONDA	SHUTTLE		Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20200116/7015

2 of 3

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

Report No. T/20200116/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ2731R	NTUC Income Insurance Co-Operative Limited	5107259384	02/02/2019	30/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HONG HEE KENG	ID No.	S7232973B
Related Vehicle	SLJ2731R (Car)	Contact No.	91441448
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	15/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

On the stated time and date,
I was driving my car (Veh A: SLJ2731R) along Seng Kang West Way. The traffic light turned red, thus I stopped at the junction. Moments later, I felt an huge impact from my rear. The impact was so great, it surged my car forward causing it to lose control and collided onto a ballot. I realized a car (Veh B: SMJ1867C) had collided onto my rear.
I felt pain on my chest instantly and was assisted out of my car by a helpful passerby. I wish to stated that vehicle B had sideswept 2 other vehicles (Veh C: SMF5848C & Veh D: SJZ4186R) before colliding onto me. I was conveyed to the Seng Kang General Hospital and given 4 days of MC.



**SINGAPORE
POLICE FORCE**



T/20200116/7015

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

3 of 3

Report No. T/20200116/7015

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 / TPIB /
SUFIYAN BIN KHAIRI
Contact No.: 65476390

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:
16/01/2020 12:35

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. 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"/>	5107259384		HONG HEE KENG	S7232973B	GPC	drive PREMIUM	SLJ2731R	SLJ2731R	02/02/2019	30/05/2020

Policy Information

Policy No.	5107259384	Policyholder Name	HONG HEE KENG	Policyholder NRIC	S7232973B
Certificate No.					
Address	BLK 702 #08-351 WEST COAST ROAD SINGAPORE 120702				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/02/2019	Effective Date	02/02/2019 00:00	Expiry Date	30/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 702 #08-351	Address 2	WEST COAST ROAD	Address 3	SINGAPORE 120702
Address 4		Address Type	Singapore address	Post Code	120702
Unit No.		Related Policy Number	5107259384		

Insured Object: SLJ2731R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	30/10/2019 00:00	POI Extension/Shorten	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: 02 Feb 2019 TO 30 May 2020 In view of this amendment, an additional premium of \$734.45 (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.

Continue

Cancel

Claim Handling

Accident MT/1080437

Policy No.	5107259384	Vehicle No.	SLJ2731R	GST Registration No.	
Certificate No.					
Policyholder Name	HONG HEE KENG	Cover Type	Drive PREMIUM	Policyholder NRIC	S7232973B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91441448	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	16/01/2020 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/01/2020	Time of Accident (h:mm)	21:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENGKANG WEST WAY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
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 702 #08-351	Address 2	WEST COAST ROAD	Address 3	SINGAPORE 120702
Address 4		Address Type	Singapore address	Post Code	120702
Unit No.		Related Policy Number	5107259384		
OI Driver Info					
Driver Name	HONG HEE KENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7232973B	Driver DOB	06/09/1972
Register Date of Driver License	27/01/2017	Driver Age	47	Driving Experience	2
Contact No.(Mobile)	91441448	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 995B	Address 2	BUANGKOK CRESCENT	Address 3	BUANGKOK TROPICA
Address 4	SINGAPORE 532996	Address Type	Singapore address	Post Code	532996
Unit No.	08-899				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer 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	HONG HEE KENG	Insured NRIC	S7232973B
Contact No.(Mobile)	91441448	Contact No.(Home)	67753489	Contact No.(Office)	
Email Address		O1 Vehicle Number	SLJ2731R	TP Vehicle Number	SMJ1857C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLJ2731R / SMJ1857C ON 15 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	Received
Date Registered	16/01/2020 16:35	Claim Close Date		Date Received	16/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

or

Accident No.	MT/1080437	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/01/2020 16:39			
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	

Attachment List

[illegible]

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window Scan and uploading		