

NATIONAL Assessment Centre Services

Date In: 08/04/00	Job description	Date & Time Completed	Done by:
Ref No: NA/INC20005062/13	SAS e-filing		
Veh No: FBP6773E	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 26/03/00 2215	I-Motor Claim Form	MT/1091087-001	
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: SMP602PA 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 for Inc: 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

Claimant's Particulars	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Int. Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100);	INC (\$80)		
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection	\$75		
	7) NI: Idno DA + SMRT Survey	\$160		
Dat. 2/3:	8) NTUC Additional Services:			
	ON:			
	*N5: Courtesy Car / Tp Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (N'n INC) against INC	\$20		
	9) N12: Idno Mobile	\$0		
	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	08/04/2020 10:25
Date Of Accident	26/03/2020 22:15
Exact Location Of Accident	ALONG PASIR RIS DR 4 TWDS JLN LOYANG BESAR
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6773E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG YOKE LIAN(CHEN YULIAN)
NRIC No	SXXXX411E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90629530
Alternative Phone No	OTHERS-90629530

#### Vehicle Particulars

Manufacturer	SYM
Model	EXCEL
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	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116884797
Cover Note Number	

#### Driver

Name of Driver	TANG YOKE LIAN(CHEN YULIAN)
NRIC No	SXXXX411E
Date Of Birth	25/11/1986
Occupation	INDOOR
Date Of Driving Pass	23/11/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90629530
Fax Number	
Contact Number	OTHERS-90629530
Email Address	NOEMAIL

Address	BLK 483 PASIR RIS DR 4 #12-465
Postcode	510483
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	SIDE SWIPE
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?	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
Police Station Address	<b>ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE</b>
Police Station Contact	<b>TEL NO: 65470000 - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200330/2075

#### 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	SMP6038P
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	TANG YOKE LIAN(CHEN YULIAN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBP6773E
Were seat belts worn?	
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.

X

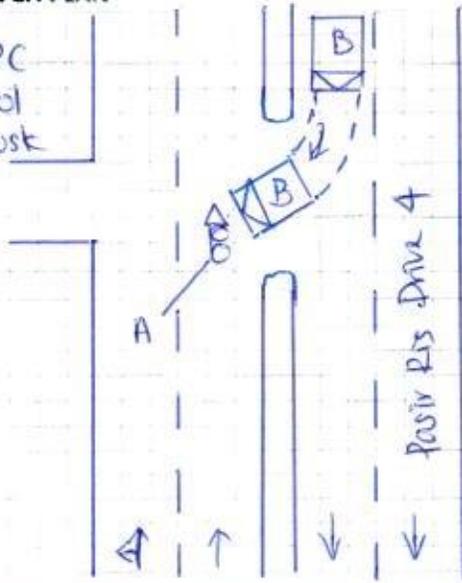
[Signature] 4 APR 20  
Policyholder's Signature  
Date & Time:

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

[Signature] 08/04/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

SPC  
Petrol  
Kiosk



Veh A: FBP 6773E  
Veh B: SMP 6038P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T / 20200330 / 2075

DECLARATION

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

Policyholder's Signature: *[Signature]*  
 Date & Time: 1 APR 20

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

Reporting Centre Personnel's Signature: *[Signature]*  
 Name: 08/04/20  
 NRIC/FIN No.:



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

Report No. T/20200330/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/03/2020 16:25	Vide Report No.: G/20200326/0235	Station Diary No.:
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Informant's Particulars				
Name of Informant: TANG YOKE LIAN		Address: APT BLK 483 PASIR RIS DRIVE 4 #12-465 SINGAPORE 510483		
ID Type / ID No.: NRIC NO / S8636411E		Contact No.: Home/Office:		Mobile: 90609530
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 33	Date of Birth: 25/11/1986	Type of Informant: Rider	
Race: Chinese		Language: English		Institution / School Name:
Occupation: SALES ADMIN		Driving Licence Information: Class: 2B,2A,2,3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/03/2020 22:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PASIR RIS DRIVE 4 JALAN LOYANG BESAR				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6773E	Motorcycle	SYM	EXCEL II 150 A	Red	Slightly Damaged	0
SMP6038P	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP6773E	NTUC Income Insurance Co-Operative Limited	5116884797	24/03/2020	23/03/2021



**SINGAPORE  
POLICE FORCE**



T/20200330/2075

2 of 3

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

Report No. T/20200330/2075

**CONTINUATION OF REPORT**

**Brief Details.**

On 26/03/2020 at about 10.15pm, I was riding motorcycle, FBP6773E. I was travelling along Pasir Ris Drive 4 towards Jalan Loyang Besar on lane 1 of the 2-lane road. I was from Century Square shopping mall and I was on my way home. Whilst travelling along Pasir Ris Drive 4, I was approaching an SPC petrol kiosk on my left side. As I was driving past the said petrol kiosk, I observed that motor car, SMP6038P, was travelling on the opposite direction and wanted to make a right turn into the petrol kiosk. I noticed that the motor car had slowed down, thus I assumed that the motor car would come to a stop to allow me to pass as I had the right of way. However, as I was riding past the motor car, the motor car suddenly made the right turn into the petrol kiosk. I was unable to react to avoid the collision as I was very close to the motor car when the motor car made the right turn. The motor car then collided into the right side of my motorcycle.



**SINGAPORE  
POLICE FORCE**



T/20200330/2075

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

3 of 3

Report No. T/20200330/2075

**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: TP / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2020 16:25
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case:
Authentication Stamp NP168	<div style="text-align: center;">  <p><b>SINGAPORE POLICE FORCE</b></p> </div> Signature: 

<b>Vehicle No.</b>	FBP 6773E	Model / Make	SYM Excel II
Date of Accident	26/3/2020		
Time of Accident	2215	HRS	
Location of Accident	Along Pasir Ris Drive 4 tuds Jalan Layang Besar		
Exact purpose use during accident	Private use		
<b>Name of Owner</b>	Tang Yoke Lian		
Telephone No.	H/P: 90609530	Home:	Office:
NRIC	S8636411E		
Address	BLK 483 Pasir Ris Drive 4 #12-465 S(510483)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5116884797		
<b>Name of Driver</b>	As Above If No,		
NRIC	Any Passengers: -		
Date of birth	25/11/1986		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	23/11/2016		
Gender	Male	/	Female
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	FS 869 NTUC
Relationship	Employee,	If no, state	Owner
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Tang Yoke Lian 90609530		
Name And Contact No.			
Police Report	No,	If Yes, Where?	Traffic police
<b>Vehicle B No.</b>	SMP 6038P	Any Passengers:	-
Name of Driver	Contact No.:		
<b>Vehicle C No.</b>	Any Passengers:		
<b>Vehicle D No.</b>	Any Passengers:		
<b>Vehicle E no.</b>	Any Passengers:		
<b>Vehicle F No.</b>	Any Passengers:		
<b>Vehicle G No.</b>	Any Passengers:		
Witness Name	Witness Contact:		
<b>Accident Portion</b>	Hit on the left and fall to the left		
Camera Recorder	Yes / No		
Email Address			
<b>PARTICULAR WORKSHOP</b>	Moto S1		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5116884797

**Cover** : Third Party

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>FBP6773E</b>             |
| Chassis Number  | : RLGHA15DMBD000480           |
| 2. Name of Policyholder   | : TANG YOKE LIAN(CHEN YULIAN) |
| 3. Effective Date of Insurance  | : 24 Mar 2020                 |
| 4. Expiry Date of Insurance   | : 23 Mar 2021                 |
| 5. Persons or Classes of Persons entitled to drive#   |                               |
| (a) Named Driver(s) Only.   |                               |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                               |
| 6. Limitations as to Use#   |                               |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                               |
- This Policy does not cover
- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: TANG YOKE LIAN(CHEN YULIAN)
NAMED DRIVER (2)	: MUHAMAD RIZAL BIN JOHARI
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESALES-DIRECT MARKETING (00000601661)  
Date of Issue : 23 Mar 2020 11:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

**Claim Handling**

**Accident MT/1091087**

Policy No.	5116884797	Vehicle No.	FBP6773E	GST Registration No.	
Certificate No.					
Policyholder Name	TANG YOKE LIAN(CHEN YULIAN)			Policyholder NRIC	S8636411E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90629530	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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 Entitlement(%)	10	Private Hire	No

**Accident Details**

Report Date	08/04/2020 10:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/03/2020	Time of Accident hh:mm	22:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PASIR RIS DR 4 TWDS JLN LOYANG BESAR				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	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 483 #12-465	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510483
Unit No.		Related Policy Number	5116884797		

**OI Driver Info**

Driver Name	TANG YOKE LIAN(CHEN YULIAN)	Driver Type	Main Driver	Driver DOB	25/11/1984
Unnamed driver Name		Driver NRIC	S8636411E	Driving Experience	10
Register Date of Driver License	01/01/2010	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	90629530	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 483	Address 2	PASIR RIS DRIVE 4	Post Code	510483
Address 4		Address Type	Singapore address		
Unit No.	#12-465				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TANG YOKE LIAN(CHEN YULIAN)	In: NF
Contact No.(Mobile)	90609530	Contact No.(Home)		Co Nc (O)
Email Address	stella.tang.251186@gmail.com	CI		TP
Claim Description	FBP6773E / SMP6038P ON 26 Mar 2020		Vehicle Number	FBP6773E
Preferred Workshop		Insured Liability	Not at Fault	Ve Nc
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Na
Date Registered		GIA report	Received	Pn Wl
Report Taken By	ROSLINDA	Claim Close Date	08/04/2020 11:02	Da Re
		Workshop Repairer		To bu Re

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1091087	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/04/2020 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		

