

NATIONAL Assessment Centre Services. (wef 1 Jan 2009) **NA 20050579**

Date In: 9/6/10 - 16:58	Job description	Date & Time Completed	Done by
Ref No: NA/1400002621724	SAS e-filing		
Veh No: 5JMY4140R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/6/10 - 09:15	i-Motor Claim Form	6/7/10 09:44V-001	9/6/10 17:27
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: 5J78349D	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

NA 20051724	Invoice Preparation Checklist	Amf (\$) Inc Bill	Amf (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2009)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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: Idao 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	09/06/2020 16:58
Date Of Accident	05/06/2020 09:15
Exact Location Of Accident	THOMSON RD TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4140R
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN MOTORS PTE LTD
Co Reg No	2XXXXX251R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910

Vehicle Particulars

Manufacturer	HONDA
Model	FREED 1.5G A
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	YES
Policy Number	5112704083
Cover Note Number	

Driver

Name of Driver	MASLINDAH BINTE MOHAMMAD
NRIC No	SXXXX579H
Date Of Birth	12/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2013
Driving Experience	7 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83864080
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 61 LENGKOK BAHRU #10-462
Postcode	150061
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , 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/20200605/2057

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	SGT8349D
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)

2

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 SHIN HAN MOTORS PTE LTD
REG: 201600251P

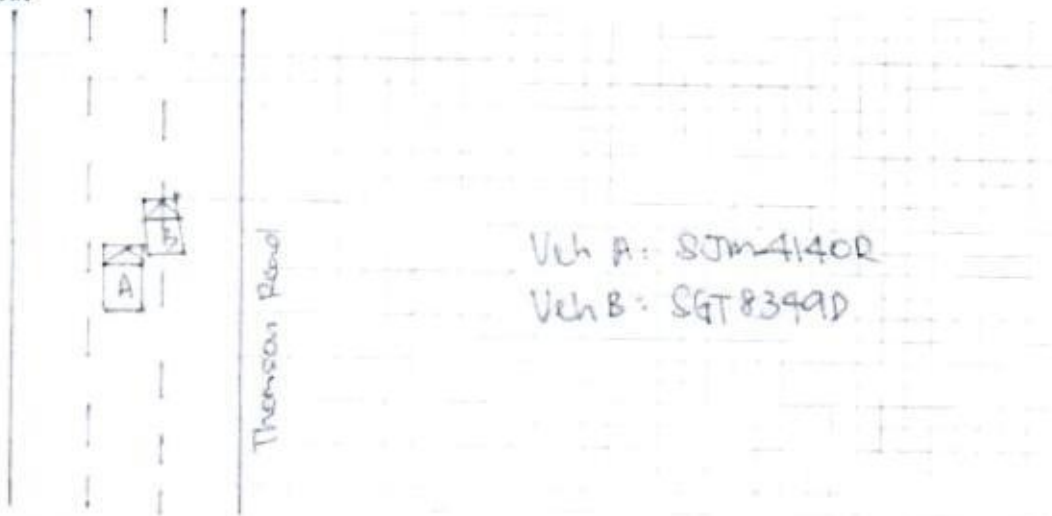
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO : T | 20200605 | 2057

DECLARATION

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

SHINGHAN MOTORS PTE LTD

REG: 201800251R

Policyholder's Signature

Date & Time:

Driver's Signature _____

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/PIN No.

Vehicle No.	SJMA440R		Model / Make	Honda Freed
Date of Accident	5/6/2020			
Time of Accident	0915	HRS		
Location of Accident	Along Thomson Road towards CTE			
Exact purpose use during accident	Work			
Name of Owner	Shin Han Motors Pte Ltd			
Telephone No.	H/P: 98575910	Home :	Office :	
NRIC	201800251R			
Address	43 Springside Walk S(786628)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5112704083-000005			
Name of Driver	As Above If No, Maslindah Binte mohammad			
NRIC	57718579H	Any Passengers : 1 (m)		
Date of birth	12/7/1977			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	20/2/2013			
Gender	Male / Female			
Contact No.	H/P: 83864080	Home :	Office :	
Address	BLK 61 Lengkok Bahru #10-462 S(150061)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Hirer		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?	Subit Merah West NPC	
Vehicle B No.	SGT 8349D	Any Passengers : 1		
Name of Driver	Contact No. :			
Vehicle C No.	Any Passengers :			
Vehicle D No.	Any Passengers :			
Vehicle E no.	Any Passengers :			
Vehicle F No.	Any Passengers :			
Vehicle G No.	Any Passengers :			
Witness Name	Lee Zern	Witness Contact : 82345783		
Accident Portion	Right portion			
Camera Recorder	Yes / No			
Email Address	maslindahmohammad@gmail.com			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



**SINGAPORE
POLICE FORCE**



T/20200605/2057

1 of 3

Report No. T/20200605/2057

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2020 16:45	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: MASLINDAH BINTE MOHAMMAD			Address: APT BLK 61 LENGKOK BAHRU #10-462 SINGAPORE 150061		
ID Type / ID No.: NRIC NO / S7718579H			Contact No.: Home/Office: Mobile: 83864080		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 12/07/1977	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/06/2020 09:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 THOMSON ROAD CENTRAL EXPRESSWAY Along Thomson Road near to Novena Square travelling towards CTE.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT8349D	Car	NISSAN		Silver		1
SJM4140R	Car	HONDA	FREED	Red	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200605/2057

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20200605/2057

CONTINUATION OF REPORT

Driver			
Name	MASLINDAH BINTE MOHAMMAD	ID No.	S7718579H
Related Vehicle	SJM4140R (Car)	Contact No.	83864080
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 05/06/2020 at about 0850hrs, I received a job from Grab application from my phone to fetch a passenger from Teban Gardens. Upon accepting the job, I made my way to fetch the passenger. The jobs states that the passenger's destination is to Novena Square.

On route to the passenger's destination, I exited PIE into Thomson Road and travelled towards CTE in order to arrive at Novena Square drop off point. At that point in time, I was travelling beside the bus lane along Thomson Road. As I was reaching the destination, I noticed that there was a vehicle on my left drifting close to me from my right. I turned to make a check and saw that there was Silver car from the right lane coming in to my lane just beside my vehicle. I horn several times but the car kept on edging closer to my vehicle. The said vehicle then started overtaking me and caused both vehicles to side swipe. I horn at the vehicle several times to signal the driver to stop. I even attempted to follow the said vehicle but the driver did not stop even after seeing me eye to eye when we were side by side.

I stopped following the driver as I was reaching the passenger's destination. The passenger helped me to take down the vehicle plate number which was SGT8349D. I could only remember the vehicle was a light coloured car. I also managed to glanced and see that the driver is a male Chinese subject with a female Chinese subject. I made a check and discovered there was scratch marks on the right side front bonnet of my vehicle bearing plate number SJM4140R. Both me and passenger are not injured. The passenger also left his details with Grab and it is as follows: Mr Zern, 82345783 (hp). I informed my company of the accident and was advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20200605/2057

3 of 3

Report No. T/20200605/2057

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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:
D /
Sgt 3 MUHAMMAD HAIQAL BIN AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/06/2020 16:45

Officer In Charge Of Case:
TP / HRT /
SI NOR AFFENDY BIN JAFFAR
Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE POLICE FORCE	SN 45
 SIGNATURE	

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112704083-000005

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJM4140R**
Chassis Number : GB31032246
2. Name of Policyholder : SHIN-HAN MOTORS PTE. LTD.
3. Effective Date of Insurance : 18 Oct 2019
4. Expiry Date of Insurance : 17 Oct 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : JG MOTOR AGENCY (00000613374)
Date of Issue : 17 Sep 2019 11:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1094042

Exit

Policy No.	S112704083	Vehicle No.	SJM4140R	GST Registration No.	
Certificate No.	S112704083-000005				
Policyholder Name	SHIN-HAN MOTORS PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201800251R
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96575910	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	A
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	09/06/2020 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	05/06/2020	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TUMORAN RD THREE CTE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	786628
Unit No.		Related Policy Number	S113524963		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/07/1977
Unnamed driver Name	THOMPSON AD TWOS CTE	Driver NRIC	SXXXX579H	Driving Experience	7
Register Date of Driver License	20/02/2013	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	83864080	Contact No.(Office)	0	Address 3	SINGAPORE 150061
Address 1	BLK 61	Address 2	LENGKOK BAHRU	Post Code	150061
Address 4		Address Type	Singapore address		
Unit No.	#10-462				
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 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input checked="" type="radio"/> Yes <input type="radio"/> No	Insured Preferred Workshop	<input checked="" type="radio"/> Yes <input type="radio"/> No	Not at Fault	<input checked="" type="radio"/> Yes <input type="radio"/> No	GIA report	Received
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Date Registered

Report Taken By

Print AK letter

QD-MX	Insured Name	SHIN-HAN MOTORS PTE. LTD.	Insured NRIC	201800251R
	Contact No.		Contact No. (Office)	NIL
	OI		TP	
	Vehicle Number	SJM4140R	Vehicle Number	SGT83490
			Name of Preferred Workshop	

09/06/2020 17:25	Claim Close Date	09/06/2020 00:00	Date Received
Jackson			

Save Submit

Attachment

Accident No.	MT/1094042	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/06/2020 17:27

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	Please Select	NO	Normal	
<input type="text"/>	Please Select	NO	Normal	
<input type="text"/>	Please Select	NO	Normal	
<input type="text"/>	Please Select	NO	Normal	