

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MHA N 0057173

| | | | |
|--------------------------|--|-----------------------|---------------|
| Date In: 6/12-15-45 | Job description | Date & Time Completed | Done by |
| Ref No: N911402026499/24 | SAS e-filing | | |
| Veh No: 5073857 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 4/12-14:15 | i-Motor Claim Form | M 7/10 96126-001 | 6/12/15 11:56 |
| 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: SW 3192 | 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 (\$) Est. Bill | Am't (\$) 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) | | |
| | 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 (N-in 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 | 06/07/2020 13:45 |
| Date Of Accident | 04/07/2020 12:15 |
| Exact Location Of Accident | YISHUN AVE 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJT3825T |
| Insured/Policyholder | |
| Name Of Registered Owner | EDWIN TAN YONG YOU |
| NRIC No | SXXXX790J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96162546 |
| Alternative Phone No | OFFICE-96162546 |

Vehicle Particulars

| | |
|--|--------------------------------|
| Manufacturer | VOLKSWAGEN |
| Model | SCIROCCO 1.4L AT TSI 1372Q5 SR |
| 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 | 5108460925-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | EDWIN TAN YONG YOU |
| NRIC No | SXXXX790J |
| Date Of Birth | 07/05/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/10/2018 |
| Driving Experience | 1 YEAR AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96162546 |
| Fax Number | |
| Contact Number | OFFICE-96162546 |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 245 YISHUN AVENUE 9 #04-157 |
| Postcode | 760245 |
| 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 | 2 |
| 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) | 2 |
| Passenger 1 | NAME: : CARMEN TAN GENDER: : FEMALE |

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/20200706/7006.

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 | SLV319Z |
| 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 EDWIN TAN YONG YOU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT3825T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CARMEN TAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT3825T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

- I understand, acknowledge, agree and consent that:

- 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.:

A: 53738257
B: 56V3192

Refer to police report.

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

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

Date of Accident : 4/7/2020 Accident Time: 1215PM (24-HR-Format)
Accident Place : Yishun Ave 1
Vehicle Reg. No. (Car Plate No.) : SJT3825T
Vehicle Make/Model : Volkswagen scirocco
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Edwin Tan Yong You S9014790J
Owner or Company Contact No. : 96162546 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Edwin Tan Yong You
DRIVER'S Date Of Birth : 01-05-1990 DRIVER'S License Pass Date 29/10/2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : Blk 245 Yishun Ave 9 #04-157
DRIVER'S Contact No. / Alt No. : 1) 96162546 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@mycar.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): 02 - Female passenger.
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>SLV319Z</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: _____ |



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

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|---|------------|--|------------------------------|--------------------|
| Date/Time Report Made: 06/07/2020 11:59 | | Vide Report No.: | | Station Diary No.: |
| Informant's Particulars | | | | |
| Name of Informant: EDWIN TAN YONG YOU | | Address: APT BLK 245 YISHUN AVENUE 9 #04-157 SINGAPORE 760245 | | |
| ID Type / ID No.: NRIC NO / S9014790J | | Contact No.: Home/Office: Mobile: 96162546 | | |
| Nationality: SINGAPORE CITIZEN | | Email: edwintyy@gmail.com | | |
| Sex: Male | Age: 30 | Date of Birth: 07/05/1990 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | Institution / School Name: | |
| Occupation: Marketing and sales representative (technical) | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|---|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 04/07/2020 12:15 | Type of Location: Straight Road |
| Location: YISHUN AVENUE 1 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 60 Km/h | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | 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 |
|-------------|------|-------------|--------------------------------|-------|------------------|-----------------|
| SJT3825T | Car | VOLKSWAGO N | SCIROCCO 1.4L AT TSI 1372Q5 SR | Blue | Slightly Damaged | 1 |
| SLV319Z | Car | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SJT3825T | NTUC Income Insurance Co-Operative Limited | 5108460925-01 | 06/04/2020 | 05/04/2021 |



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

2 of 3

Report No. T/20200706/7006

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | CARMEN TAN | ID No. | G8633777R |
| Related Vehicle | SJT3825T (Car) | Contact No. | 86522073 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 04/07/2020 | Date Discharge | 04/07/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | EDWIN TAN YONG YOU | ID No. | S9014790J |
| Related Vehicle | SJT3825T (Car) | Contact No. | 96162546 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 04/07/2020 | Date Discharge | 04/07/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

ON THE STATED TIME AND DATE,
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SJT3825T ON YISHUN AVE 1.
AS MY VEHICLE WAS STATIONARY WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, I
FELT A HUGE IMPACT FROM THE REAR. I ALIGHTED TO REALISE THAT I WAS REAR ENDED BY
A BLUESG CAR BEARING CARPLATE NUMBER SLV319Z. BOTH ME AND MY PASSENGER WAS
FEELING UNWELL AND CONSULTED THE DOCTOR AFTER THE ACCIDENT AND WAS GIVEN A
INITIAL 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20200706/7006

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

3 of 3

Report No. T/20200706/7006

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
06/07/2020 11:59

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. | <input type="text"/> | Date of Accident | <input type="text" value="04/07/2020 12:15"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJT3825T"/> | 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"/> | S108460925-01 | | EDWIN TAN YONG YOU | S90147903 | GPC | drive CLASSIC | SJT3825T | SJT3825T | 06/04/2020 | 05/04/2021 |

 Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|--------------------|----------------------------------|------------------|
| Policy No. | 5108460925-01 | Policyholder Name | EDWIN TAN YONG YOU | Policyholder NRIC | S90147903 |
| Certificate No. | | | | | |
| Address | BLK 245 #04-157 YISHUN AVENUE 9 YISHUN SUNSHINE SINGAPORE 760245 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 23/03/2020 | Effective Date | 06/04/2020 00:00 | Expiry Date | 05/04/2021 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 | TAN INSURANCE BROKERS PTE | Agent Tel. | NIL | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

 Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|-----------------|
| Address 1 | BLK 245 #04-157 | Address 2 | YISHUN AVENUE 9 | Address 3 | YISHUN SUNSHINE |
| Address 4 | SINGAPORE 760245 | Address Type | Singapore address | Post Code | 760245 |
| Unit No. | 04-157 | Related Policy Number | 5108460925-01 | | |

 Insured Object: SJT3825T

 Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> | | | | |

Claim Handling

Accident MT/1096126

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5108460925-01 | Vehicle No. | SJT3825T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | EDWIN TAN YONG YOU | | | Policyholder NRIC | S9014790J |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 96162546 | 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 Entitlement(%) | 10 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 06/07/2020 13:55 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 04/07/2020 | Time of Accident hh:mm | 12:15 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | YISHUN AVE 1 | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | Driver is Covered? | Covered |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | | |
| 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 245 #04-157 | Address 2 | YISHUN AVENUE 9 | Address 3 | YISHUN SUNSHINE |
| Address 4 | SINGAPORE 760245 | Address Type | Singapore address | Post Code | 760245 |
| Unit No. | 04-157 | Related Policy Number | 5108460925-01 | | |

OT Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|-----------------|
| Driver Name | EDWIN TAN YONG YOU | Driver Type | Main Driver | Driver DOB | 07/05/1990 |
| Unnamed driver Name | | Driver NRIC | S9014790J | Driving Experience | 1 |
| Register Date of Driver License | 29/10/2018 | Driver Age | 30 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 96162546 | Contact No.(Office) | 0 | Address 3 | YISHUN SUNSHINE |
| Address 1 | BLK 245 | Address 2 | YISHUN AVENUE 9 | Post Code | 760245 |
| Address 4 | SINGAPORE 760245 | Address Type | Singapore address | | |
| Unit No. | 04-157 | | | | |
| 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 | EDWIN TAN YONG YOU | Insured NRIC | S9014790J |
| Contact No.(Mobile) | 96162546 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | DI Vehicle Number | SJT3825T | TP vehicle Number | SLV3192 |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SJT3825T / SLV3192 ON 4 Jul 2020 | | | | |
| 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 | 06/07/2020 13:58 | Claim Close Date | | Date Received | 06/07/2020 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | | | |
|--------------------|---|-------------|------------------|--|--|
| Accident No. | MT/1096126 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 06/07/2020 13:58 | | |

| 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 | |

