

NATIONAL Assessment Centre Services

Date In: 16/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003439/13	SAS e-filing		
Veh No: SLK1896A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/03/21 2030	i-Motor Claim Form 16/03	1124639-001	
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: SKED144Z	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

NA2102226		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR: Accident Reporting (\$30);		30	
		2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner:		3) TF: Towing Fee \$40/\$45			
		4) FT: Follow-Through Survey \$120			
Contact No:		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR: Re-inspection \$75			
		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):		ON*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
Auditors' Comments :-		*N8: DV / Collect Excess Coordination \$5			
Cat. 1:		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idac Mobile 30			
Cat. 2 / 3:		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 Submission	16/03/2021 16:15 (SGT)
Date of Accident	15/03/2021 20:30 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	JUNC OF TAMPINES LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1896A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH CHEE YONG
NRIC No	SXXXX886D
Email Address	SEAHCHEEYONG95@GMAIL.COM
Mobile Phone No	(Phone) +65-82222041
Alternative Phone No	+65-82222041

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120425528
Cover Note Number	-

DRIVER

Name of Driver	SEAH CHEE YONG
NRIC No	SXXXX886D
Date Of Birth	11/03/1995
Occupation	Indoor

Date Of Driving Pass	27/01/2017
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82222041
Alt. Phone Number	+65-82222041
Email Address	SEAHCHEEYONG95@GMAIL.COM
Address	BLK 729 TAMPINES ST 71
Address complement	#09-43
Postcode	520729
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE2144Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEAH CHEE YONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & ARM
Injured person in which vehicle?	SLK1896A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

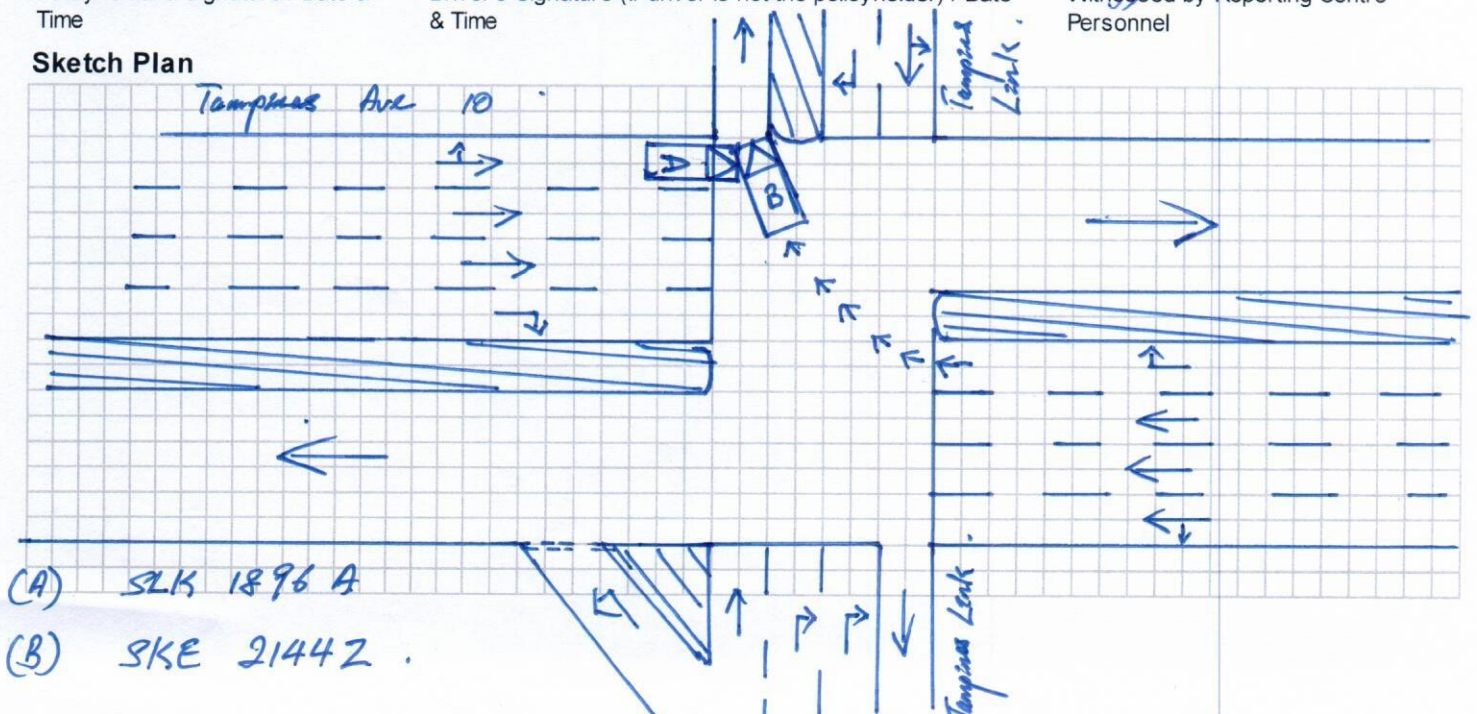
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]

16/03/21

Witnessed by Reporting Centre Personnel

Sketch Plan



Pls refer to Police Report
No: T/20210315/2156.

We declare the foregoing particulars are true in every respect.

[Handwritten signature]

See cat

Lyons

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210315/2156

1 of 3

Report No. T/20210315/2156

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2021 23:22	Vide Report No.: G/20210315/0203	Station Diary No.: 103
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Informant's Particulars

Name of Informant: SEAH CHEE YONG			Address: APT BLK 729 TAMPINES STREET 71 #09-43 SINGAPORE 520729		
ID Type / ID No.: NRIC NO / S9508886D			Contact No.: Home/Office: Mobile: 82222041		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 11/03/1995	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/03/2021 20:30	Type of Location: X-Junction
Location: TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE2144Z	Car					0
SLK1896A	Car	HONDA	CIVIC 1.5 TURBO VTIS SR	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210315/2156

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK1896A	NTUC Income Insurance Co-Operative Limited	5120425528	05/01/2021	04/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH CHEE YONG		ID No. S9508886D
Related Vehicle	SLK1896A (Car)		Contact No. 82222041
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 15/03/2021 at about 2030hrs, I was driving along Tampines Avenue 10 towards TPE. As I was approaching the junction of Tampines Avenue 10 and Tampines Link, the traffic lights were green. As such, I proceeded to pass through the junction.

As I was passing, I noticed a car from the oncoming direction also entering the junction and proceeding to make a right turn without stopping to give way to me.

As the car was coming into my path, I quickly applied the brakes but was unable to avoid a collision.

During the accident, I sustained some injuries to my neck area and my arm but have not sought medical treatment. My car was also seriously damaged and had to be towed away. The other driver was conveyed to the hospital by ambulance and I did not manage to note down her particulars.

I have handed over the SD card from my car camera to the traffic police officer who attended to the accident.



**SINGAPORE
POLICE FORCE**



T/20210315/2156

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20210315/2156

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:
G /
Sr Staff Sgt MUHAMMAD NOOR AZRI BIN
MOHAMED SALLEH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD NOOR BIN ABDUL
RAHMAN

Control No: 65474885
Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/03/2021 23:22

Classification Of Case:

SIGNATURE

VEHICLE NO:	SLK 1896 A			MAKE & MODEL:	Honda Civic 1.5			AUTO / MANUAL
DATE OF ACCIDENT:	15 / 03 / 2021			CC:	1500			
TIME OF ACCIDENT:	2030 HRS							
LOCATION OF ACCIDENT:	Tampines Ave 10 junction Tampines Link.							
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE							
NAME OF OWNER:	Seah Chee Yong							
TEL NO:	H/P: 8222 2041			OFFICE:	HOME:			
NRIC:	S 9508886 D							
ADDRESS:	8LK 729 Tampines St 71 #09-43 (S) 520729							
EMAIL:	seahcheeyong95@gmail.com							
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY							
FLEET POLICY:	YES / <u>NO</u>							
INSURANCE COMPANY:	NTUC							
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft							
POLICY NO:	5120 425528							
NAME OF DRIVER:	<u>AS ABOVE</u> / IF NO:							
NRIC:				ANY PASSENGER:	N.A.			
DATE OF BIRTH:	11 / 03 / 1995			LICENCE PASSED DATE:	27 / 01 / 2017			
OCCUPATION:	OUTDOOR / <u>INDOOR</u>							
GENDER:	<u>MALE</u> / FEMALE							
CONTACT NO:	H/P:			OFFICE:	HOME:			
ADDRESS:								
EMAIL:								
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:			<u>INSURER:</u>				
RELATIONSHIP:	<u>Owner</u>							
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:							
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:							
ANY INJURIES:	NO / <u>IF YES, WHO?</u>							
NAME & CONTACT:	Seah Chee Yong (H/P: 8222 2041)							
NAME & CONTACT:								
POLICE REPORT:	NO / <u>IF YES, WHERE?</u>			Tampines N.P.C.				
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?							
VEHICLE B REG NO:	SKE 2144 Z			ANY PASSENGERS: N.A.				
NAME OF DRIVER:				CONTACT NO:				
VEHICLE C REG NO:				ANY PASSENGERS:				
VEHICLE D REG NO:				ANY PASSENGERS:				
VEHICLE E REG NO:				ANY PASSENGERS:				
VEHICLE F REG NO:				ANY PASSENGERS:				
VEHICLE G REG NO:				ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	N.A.			WITNESS CONTACT: N.A.				
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO			With Traffic Police				
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>							
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO							
ACCIDENT PORTION:	Front Portion							
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / <u>NO</u>				
WORKSHOP PARTICULAR:	Twincor							
CONTACT NO:	68420051 / 67440510							
CONTACT PERSON:	Joseph Tan							
FAX NO:	67410510							
WORKSHOP EMAIL:	sales@n51.com.sg							

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="15/03/2021 20:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SLK1896A"/>	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"/>	5120425528		SEAH CHEE YONG	S9508886D	GPC	drivo CLASSIC	SLK1896A	SLK1896A	05/01/2021	04/01/2022
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1124639

Policy No.	5120425528	Vehicle No.	SLK1896A	GST Registration No.	
Certificate No.					
Policyholder Name	SEAH CHEE YONG			Policyholder NRIC	S9508886D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	82222041	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(%)	0	Private Hire	No

▼ Accident Details

Report Date	16/03/2021 18:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/03/2021	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF TAMPINES AVE 10 & TAMPINES LINK				

▼ 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	0.00				
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 729 #09-43	Address 2	TAMPINES STREET 71	Address 3	TAMPINES COURTVIEW
Address 4	SINGAPORE 520729	Address Type	Singapore address	Post Code	520729
Unit No.	09-43	Related Policy Number	5120425528		

▼ OI Driver Info

Driver Name	Seah Chee Yong	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9508886D	Driver DOB	11/03/1995
Register Date of Driver License	27/01/2017	Driver Age	26	Driving Experience	4
Contact No.(Mobile)	82222041	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 729	Address 2	TAMPINES STREET 71	Address 3	TAMPINES COURTVIEW
Address 4	SINGAPORE 520729	Address Type	Singapore address	Post Code	520729
Unit No.	#09-43				
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		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	SEAH CHEE YONG	Insured NRIC	S9508886D
Contact No.(Mobile)	82222041	Contact No.(Home)		Contact No.(Office)	
Email Address	SEAHCHEEYONG95@GMAIL.CO	OI Vehicle Number	SLK1896A	TP Vehicle Number	SKE2144Z
Claim Description	SLK1896A / SKE2144Z ON 15 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/03/2021 18:30	Claim Close Date		Date Received	16/03/2021 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1124639	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/03/2021 00:00		
Path *		Category *	Confidential	Urgency *	Description
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="Normal"/>	<input type="button" value="Normal"/>	
<input type="button" value="Message Read"/>					

▼ Attachment List

Display in New Window Scan and uploading