NATIONAL Assessment Centre Services MUA1808050735

Date In: 17/04/2018 10:52	Job description	Date & Time Completed	Done by
Ref No: NBA/INC1800706514	SAS e-filling		
Veh No: SJH4376P	E-mail (vehicle also, AIO also)		
D.O.A: 16/04/2018 16:20	I-Motor Claim Form	MT/0990693-09	17/04/2018 11:33
OD / TP / Reporting Only	I-Motor W/O (vehicle OD also, TP also)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI (Tel: Fax:)

TP Particulars: Veh No: SHC7057E INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) [Note: BSL 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 0016		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	Action

NA1802445

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments

( )

(2/2)

Invoice Preparation Charges		
1) AR (Accident Reporting) ($30)		
2) DA (Damage Assessment) ($100) INC ($40)		
3) TF (Towing Fee)		
4) FT (Follow-Through Survey)		
5) FT (Follow-Through Survey (Resurvey))		
For claims against INC Only		
6) TA (Arbitration)		
7) HI (Hi DA + SHRT Survey)		
8) NTUC Additional Survey Costs		
Others		
NI Courtesy Car / Tpt Allowance		
NI Repair Coordination		
NI Post Repair Inspection		
NI DY / Collect Excess Coordination		
ZZ (NI) TF (Non INC) (collect INC)		
9) NI Mileage Mobile		
Invoice date:	Net Charges	
Invoice Paid:	Net Charges	

MNA418050735 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 17/04/2018 10:52
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 ability.
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	17/04/2018 10:52
Date Of Accident	16/04/2018 16:20
Exact Location Of Accident	SLIP ROAD FROM CLEMENTI AVENUE 5 TO CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4376P
Insured/Policyholder	
Name Of Registered Owner	CLEMENT
Co Reg No	53346534J
Email Address	WEIRENCLEMENT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98480529
Alternative Phone No	OFFICE-98480529
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5092664675
Cover Note Number	
Driver	
Name of Driver	LIM WEIREN, CLEMENT
NRIC No	S8419769F
Date Of Birth	15/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2005
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98480529
Fax Number	
Contact Number	OTHERS-98480529
EMail Address	WEIRENCLEMENT@GMAIL.COM

Address	BLK 440 HOUGANG AVENUE 8 15-1571
Postcode	530440
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 involved in the accident	2
Was any body injured in the Accident?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH

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	SHC7057E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG TECK KUAN
NRIC/Passport Number	S1103026B
Contact Number	94594435
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

Clemen.

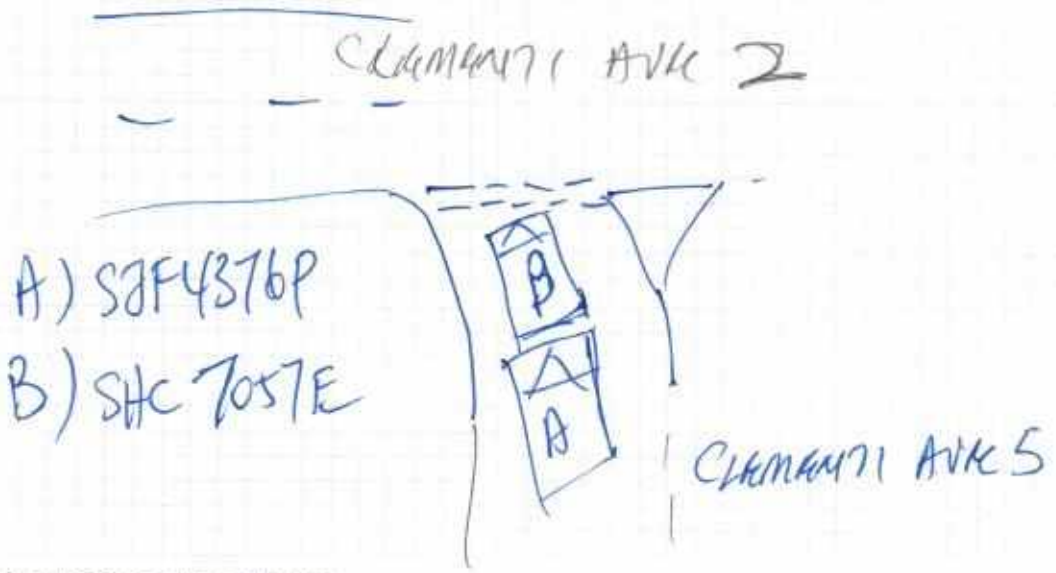
Policyholder's Signature
Date & Time:

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

17/04/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Filter left, taxi infront move off already and I was checking the main road clear, so I also move off not knowing the taxi stop suddenly although road was clear.

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:	17/04/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.

Claim Handling

· Exit

Accident MT/0990693

Policy No.	5092664675	Vehicle No.	SJF4376P	GST Registration No.	
Policyholder Name	CLEMENT			Policyholder NRIC	S3346534J
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98480529	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	17/04/2018 11:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/04/2018	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD FROM CLEMENTI AVENUE 6 TO CLEMENTI AVE 2				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 440 #15-1571	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530440
Address 4		Address Type	Singapore address	Post Code	530440
Unit No.	15-1571	Related Policy Number	5092564675		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM WEIREN, CLEMENT	Driver NRIC	S8415769F	Driver DOB	15/07/1984
Register Date of Driver License	04/10/2005	Driver Age	33	Driving Experience	12
Contact No.(Mobile)	98480529	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 440 #15-1571	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530440
Address 4		Address Type	Foreign address	Post Code	530440
Unit No.	15-1571				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJF4376P	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CLEMENT	Insured NRIC	S3346534J
Contact No.(Mobile)	98480529	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJF4376P	TP Vehicle Number	SHC7057E
Claim Description	SJF4376P / SHC7057E ON 16 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/04/2018 11:30	Claim Close Date		Date Received	17/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save | Submit

Attachment

Accident No.	MT/0990693	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/04/2018 11:33

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:33	Photos		Normal	Photos 2018-4-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:33	Photos		Normal	Photos 2018-4-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:33	Photos		Normal	Photos 2018-4-17		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:33	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:33	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:33	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:32	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:30	SAG	Normal	SAG 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 11:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-17	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

BIZ CHECK

SINGAPORE COMMERCIAL CREDIT BUREAU

REQUEST CRITERIA	
(You have requested to search on the following)	
Date of Request:	13/07/2017 15:23:45
Requested Company Name:	CLEMENT
Requested Registration No.:	53346534J
Client's Account Reference:	-

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY BUSINESS PROFILE INFORMATION

ACRA

SEARCH RECORD	
Company Name:	CLEMENT
Registration No.:	53346534J

REGISTRY

Registration Date:	21/09/2016
Name Effective Date:	21/09/2016
Company Type/Constitution:	Partnership
Registered Address:	440 HOUGANG AVENUE 8 , 15 - 1571 - 530440 SINGAPORE
Change Address Date:	-
Company Status:	LIVE
Status Effective Date:	21/09/2016
Registered Activities:	1. 49219 - PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (-) 2. - (-)
Expiry Date:	21/09/2017
Renewal Date:	-

CHANGE OF BUSINESS NAME

Previous Name	Effective Date
Nil	

OFFICER(S)/ OWNER(S)

Officer Name/ Address/ Change Address Date	Identity No./ PA Reg. No.	Position	Appointment Date	Cessation Date	Nationality/Country of Incorporation
LIM WEIREN CLEMENT 440 HOUGANG AVENUE 8 , 15 - 1571 - 530440, SINGAPORE -	S8419769F	OWNER	21/09/2016	-	SINGAPORE CITIZEN
SIM YAO CHONG IVAN 296B COMPASSVALE CRESCENT , - - - 542296, SINGAPORE -	S8409974J	OWNER	27/09/2016	-	SINGAPORE CITIZEN

ACCIDENT STATEMENT

ACCIDENT DATE: (16/04/2018) (DD/MM/YYYY), TIME: (16 : 20) (HH:MM)
LOCATION: SLP Rd Clementi Ave 5 / CLEMENTI AVE 2

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJF4376P
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5092664675
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA / VIOS
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
      IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   A) NAME: LIM WEIREN CLEMENT (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8419769F CONTACT: 98480529
   c) ADDRESS: BLK 440 HOUGANG AVE 8 #15-1571

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (___/___/___) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS

* No of passenger (including driver) (1)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SHC 7057E MODEL:
   b) DRIVER'S NAME: ANG TECK KUAN
   c) NRIC/FIN/PASSPORT: S1103026B CONTACT: 94594435

* No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including driver) (__)

email = weirenclement@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8419769F

Name

LIM WEIREN, CLEMENT

林 伟 仁

Race

CHINESE

Date of birth

15-07-1984

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8419769F

Name

LIM WEIREN, CLEMENT

Birth Date 15 Jul 1984

Issue Date 30 Oct 2003

000952709B

5343603

NRIC No. S8419769F

Date of issue

22-08-2014

Address

APT BLK 440 HOUGANG AVENUE 8
#15-1571
SINGAPORE 530440

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles <= 200 CC	30 Oct 2003
Class 2A	Motorcycles between 201 CC and 400 CC	25 Jan 2005
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg	04 Oct 2005

S / No. 9000038978

S8419769F

Licence No: S8419769F

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language · Change Password · Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SJF4376P

Date of Accident 16/04/2018 17:31

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5092664675	CLEMENT	S3346534J	GCV	Third Party	SJF4376P	SJF4376P	13/07/2017	12/07/2018

Continue