

NATIONAL Assessment Centre Services (wef 1 Jan 2015) MAA88071095			
Date In: 14/06/2018 12:46	Job description:	Date & Time Completed	Done by
Ref No: NBA/MAA8801086414	SAS e-filing		
Veh No: SBY 8878 B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/06/2018 16:45	i-Motor Claim Form	mt10998670001	14/06/2018 13:12
OD: 1P: <u>Reporting Only</u>	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: 8LT 5532B	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

MAA803783	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2015)			
	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			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (N/n INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile \$0			
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 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	14/06/2018 12:46
Date Of Accident	13/06/2018 16:45
Exact Location Of Accident	COLD STORAGE JELITA HOLLAND ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBY8878B
Insured/Policyholder	
Name Of Registered Owner	LEONG PEK GAN
NRIC No	S0010547C
Email Address	NGLOHKEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97997076
Alternative Phone No	OTHERS-96338077

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5052469310-06
Cover Note Number	

Driver

Name of Driver	NG LOH KEN PETER
NRIC No	S0157694A
Date Of Birth	24/10/1953
Occupation	INDOOR
Date Of Driving Pass	09/01/1971
Driving Experience	47 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97997076
Fax Number	
Contact Number	OTHERS-96338077
EMail Address	NGLOHKEN@GMAIL.COM

Address	21 MOUNT SINAI CRESCENT
Postcode	277151
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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 PLAN

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	SLT5532B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS CHUA
NRIC/Passport Number	S8916941J
Contact Number	91122728
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

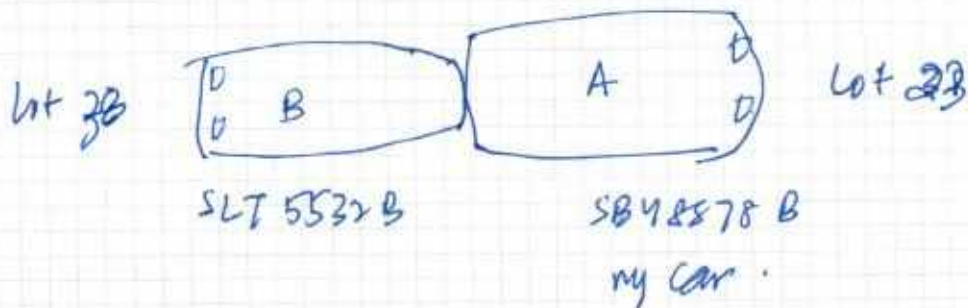
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/6/2018
10.55 am

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

SKETCH PLAN

Cold Storage Basement Car Park.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13 June 2018 at about 4.45 pm, I reverse park my car SBY 8878 B (car A) at the Cold Storage Jelita Basement car park. I did not feel any bumps whatsoever. I left to do my errands.

When I returned back to my car, I saw a lady Ms Chua, saying that my car bumps onto the back of her car (B). There were 2 policemen there - they gave me the Spore Police Force case card Report # 0/2018 0613/0081.

I then move my car slightly forward. I then inspected the back of her car & my car - & found No damages. Ms Chua also acknowledge that there were no physical damage. The police man (Mohd Asri) also said he is unable to find any damage. (There was a small strip where paint was missing for sometime & Ms Chua confirmed this old paint matter was already there before & Not caused by me.) 5 photo whaps App to Rosli at IDAC

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: 14 June 2018
11.10 am.

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

Claim Handling

Accident MT/0998670

Policy No.	3052468310-06	Vehicle No.	58Y88788	GST Registration No.	
Policyholder Name	LEONG PEK GAN			Policyholder NRIC	S0010547C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97997076	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="button" value="See"/>
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	14/06/2018 13:09	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	13/06/2018	Time of Accident hh:mm	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COLD STORAGE JELITA HOLLAND ROAD CARPARK				

▼ Benefits

▼ Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	21 MOUNT SINAI CRESCENT	Address 2	SINGAPORE 277131	Address 3	
Address 4		Address Type	Singapore address	Post Code	277151
Unit No.		Related Policy Number	3052468310-06		

▼ O1 Driver Info

Driver Name	NG LOH KEN PETER	Driver Type	Named Driver	Driver DOB	24/10/1953
Unnamed driver Name		Driver NRIC	S0137094A	Driving Experience	17
Register Date of Driver License	01/01/2001	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	96338877	Contact No.(Office)		Address 3	
Address 3		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	58Y88788	Driver Insurer Company	NTUC

Declaration:

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 ☒ New

Claim Type *	DD-MX	Insured Name	LEONG PEK GAN	Insured NRIC	S0010547C
Contact No.(Mobile)	97997076	Contact No.(Home)	64661928	Contact No.(Office)	
Email Address	pekgan@gmail.com	OT Vehicle Number	58Y88788	TP Vehicle Number	SLT55328
Claim Description	58Y88788 / SLT55328 ON 13 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GSR report	Received
Requires Penetration	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	14/06/2018 00:00
Date Registered	14/06/2018 13:12	Claim Close Date			
Report Taken By	ROSLI WAHAB				

☒ Print AK letter

Attachment

Accident No.	MT/0998670	Claim No.	001		
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	14/06/2018 13:12		
Path *		Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	<input type="button" value="Edit"/>
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	<input type="button" value="Edit"/>
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	<input type="button" value="Edit"/>

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 13:12	Photos	Normal	Photos 2018-6-14	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: 13/06/2018 (DD/MM/YYYY), TIME: 16:45 (HH:MM)

LOCATION: Cold Storage Jelita Holland Road - car park Indoor Basement

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBY 8878B
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5052469310-06
d) POLICY TYPE: (☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA CAMBRY
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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: LEONG PEK GAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S00105471 CONTACT: 97997076
c) ADDRESS: 21 Mt Sinai Crescent, Singapore 277151

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG Loh Ken Peter (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0157694A CONTACT: 96338077
c) ADDRESS: 21 Mt Sinai Crescent, Singapore 277151

* d) DATE OF BIRTH: 24/10/1953 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9.1.1971

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: SLT 5532 B MODEL: BMW
b) DRIVER'S NAME: Ms Chua
c) NRIC/FIN/PASSPORT: S891694 J CONTACT: 91122728

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = nglohken@gmail.com

Fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0157694A



NG LOH KEN PETER

Race
CHINESE

Date of Birth
24-10-1953

Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S0157694A

Name: NG LOH KEN PETER

Birth Date: 24 Oct 1953

Issue Date: 28 Dec 2002



NRIC No. S0157694A



Stress Group
A+

Date of issue
12-02-1994

21 MOUNT SINAI CRESCENT
SINGAPORE 277151
NRIC No: S0157694A Date: 28-12-1994 No: 2284695

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
09 Jan 1971



NP 428A

Hello, NAC_BUKIT_MERAH_800676

[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="13/06/2018 10:44"/>																				
Vehicle No. (For Motor)	<input type="text" value="SBY8878B"/>	<input type="button" value="Search"/>																					
<table><thead><tr><th>Select</th><th>Policy No.</th><th>Policyholder Name</th><th>Policyholder NRIC</th><th>Product</th><th>Cover Type</th><th>Vehicle No.</th><th>Insured Object</th><th>Commence Date</th><th>Expiry Date</th></tr></thead><tbody><tr><td><input type="radio"/></td><td>5052469310-06</td><td>LEONG PEK GAN</td><td>S0010547C</td><td>GPC</td><td>Third Party</td><td>SBY8878B</td><td>SBY8878B</td><td>05/06/2018</td><td>04/06/2019</td></tr></tbody></table>				Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	<input type="radio"/>	5052469310-06	LEONG PEK GAN	S0010547C	GPC	Third Party	SBY8878B	SBY8878B	05/06/2018	04/06/2019
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date														
<input type="radio"/>	5052469310-06	LEONG PEK GAN	S0010547C	GPC	Third Party	SBY8878B	SBY8878B	05/06/2018	04/06/2019														
<input type="button" value="Continue"/>																							