

NATIONAL Assessment Centre Services [wef 1 Jan 2005] MA1803777			
Date In: 14/06/2018 13:37	Job description:	Date & Time Completed	Done by
Ref No: MA1803777	SAS e-filing		
Veh No: SJP 1495X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/06/2018 22:30	i-Motor Claim Form	MA1803777-001	14/06/2018 14:05
OD: 11 <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 Assgn Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJC 8054G	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

NA1803777	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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*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: Idac Mobile \$0			
	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 13:37
Date Of Accident	12/06/2018 22:30
Exact Location Of Accident	BALESTIER ROAD TOWARDS JALAN BESAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1495X
Insured/Policyholder	
Name Of Registered Owner	QUALITY LEASING PRIVATE LIMITED
Co Reg No	201312796G
Email Address	JEREMYV1809@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93225373
Alternative Phone No	OFFICE-93225373

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5082552257-01
Cover Note Number	

Driver

Name of Driver	JEREMY LUKE VIKNESH S/O THEVAN
NRIC No	S9234153D
Date Of Birth	18/09/1992
Occupation	INDOOR
Date Of Driving Pass	26/06/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93225373
Fax Number	
Contact Number	OTHERS-93225373
Email Address	JEREMYV1809@GMAIL.COM

Address	BLK 687D CHOA CHU KANG DRIVE #20-370
Postcode	684687
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 - 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 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	SHC8054G
Vehicle Make/Model/Colour	MERCEDES BENZ E220
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	IVAN KOH
NRIC/Passport Number	S8242739B
Contact Number	91847548
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 lodging 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.

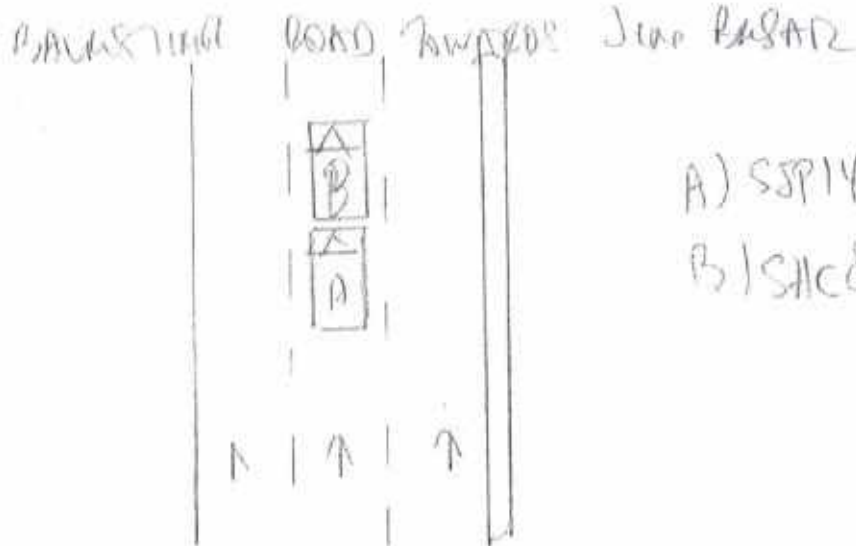
Policyholder's Signature
Date & Time: 14/6/18
1:27PM



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along balesier road towards jalan besar. I stepped on my brake and stopped brought the car to a halt. In a slip of concentration, I released the brake and the my car jerked forward, hitting the taxi in front.

DECLARATION

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

Policyholder's Signature
Date & Time: 14/6/18
1:27pm



Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/06/2018
11:38am.

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

14/06/2018
Rashid W. W. W.

Claim Handling

The premium on this policy has not been collected.

Accident MT/0998884

Policy No.	508255257-01	Vehicle No.	SJP1495X	GST Registration No.	
Policyholder Name	QUALITY LEASING PRIVATE LIMITED			Policyholder NRIC	201312796G
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93225373	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	14/06/2018 13:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	12/06/2018	Time of Accident (hh:mm)	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BALESTIER ROAD TOWARDS JALAN BESAR				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#02-39 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	Lot-S7	Related Policy Number	5101322404		

▼ OE Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver name	JEREMY LUKE VIKNESH S/O THE	Driver NRIC	S9234153G	Driver DOB	18/09/1992
Register Date of Driver License	26/06/2015	Driver Age	25	Driving Experience	7
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 687D #20-370	Address 2	CHOA CHU KANG DRIVE	Address 3	SINGAPORE 684687
Address 4		Address Type	Foreign address	Post Code	684687
Unit No.	20-370				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJP1495X	Driver Insurer Company	NTUC

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	QUALITY LEASING PRIVATE LIM	Insured NRIC	201312796G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	64738668
Email Address		OE Vehicle Number	SJP1495X	TP Vehicle Number	SHC8054G
Claim Description	SJP1495X / SHC8054G ON 12 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/06/2018 14:05	Claim Close Date		Date Received	14/06/2018 00:00
Report Taken By	ROSLI WANAB	Workshop Repairer		Total Loss but Repaired	

Print AX letter

Save Submit

Attachment

Accident No.	MT/0998884	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/06/2018 14:05

Path *

Category *	Confidential	Urgency *	Description *
Choose File No file chosen	NO	Normal	
Choose File No file chosen	NO	Normal	
Choose File No file chosen	NO	Normal	
Choose File No file chosen	NO	Normal	
Choose File No file chosen	NO	Normal	
Choose File No file chosen	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 (B UKIT MERAH)) on 14 Jun 2018 14:05	Photos	Normal	Photos 2018-6-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:05	Photos	Normal	Photos 2018-6-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:05	Photos	Normal	Photos 2018-6-14		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:05	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:05	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:05	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:04	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:04	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:04	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:04	Photos	Normal	Photos 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:04	SAS	Normal	SAS 2018-6-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jun 2018 14:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-14	Edit
Video List					
Uploaded By/Date	Folder Data	File Name		Source	Action
<div> Display in New Window Scan and uploading </div>					

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 06 / 2018 (DD/MM/YYYY), TIME: 22 : 30 (HH:MM)

LOCATION: Balestier Road. Toward JALAN BESAR

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 1495X
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: 5082552257-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CITY
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
 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: Quality Leasing Private Limited (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201312796G CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Jeremy Luke Viknesh s/o Thevan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 99234153D CONTACT: 93225373
 c) ADDRESS: Blk 657D, Choa Chu Kong drive, #20-370, 3684687

*d) DATE OF BIRTH: 18 / 09 / 1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/06/2015

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

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 8054G MODEL: Mercedes E220
 b) DRIVER'S NAME: IVAN KOH
 c) NRIC/FIN/PASSPORT: 982427398 CONTACT: 91847848

9. THIRD PARTY VEHICLE

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

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
(1)

Email = jeremyv1809@gmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9234153D



Name
JEREMY LUKE VIKNESH S/O
THEVAN

Race
INDIAN
Date of birth
18-09-1992
Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S9234153D

Name
JEREMY LUKE VIKNESH S/O
THEVAN

Birth Date: 18 Sep 1992
Issue Date: 26 Jun 2015



SG
50



NRIC No. S9234153D



Date of issue
16-03-2011

Address
APT BLK 687D CHOA CHU KANG DRIVE
#20-370
SINGAPORE 684587

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 26 Jun 2015



NP 428A

▼ Policy Information

Policy No.	5082552257-01	Policyholder Name	QUALITY LEASING PRIVATE LIM	Policyholder NRIC	201312796G
Address	317 OUTRAM ROAD #02-39 CONCORDE SHOPPING CENTRE SINGAPORE 169075				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	19/07/2017	Effective Date	22/07/2017 00:00	Expiry Date	21/07/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	107.06		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#02-39 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	Lot-57	Related Policy Number	5101322404		

► Insured Object: SJP1495X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/08/2017 00:00	Basic Information Endorsement	000001286611285	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLQ8616P 02-08-2017 \$280.12 In view of this amendment, an additional premium of \$280.12 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJE3997J 16-08-2017 \$827.27 In view of this amendment, an additional premium of \$827.27 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP5488T 21-08-2017 \$815.10 In view of this amendment, an additional premium of \$815.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this</p>
2	16/08/2017 00:00	Basic Information Endorsement	000001286620416	Endorsement Take Effective	
3	21/08/2017 00:00	Basic Information Endorsement	000001286623226	Endorsement Take Effective	