

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

NAIA418/44303

| | | | |
|---------------------------|--|-----------------------|------------------|
| Date In: 08/11/2008 09:27 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/INC000/0268/Y | SAS e-filing | | |
| Veh No: SJF 2288 Y | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 04/10/2008 14:00 | I-Motor Claim Form | mt11018820-001 | 08/11/2008 19:31 |
| OD: TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SKD 30047 | 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% P: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|--------------|
| NA1807.233 | Invoice Preparation Checklist | Amf (\$) | Rev Amf (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30) | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$50) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors Comments: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Ref. 1: | 6) TR: Re-inspection \$75 | | |
| 2/3: | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | TF (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao 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 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 | 08/11/2018 09:27 |
| Date Of Accident | 04/10/2018 14:00 |
| Exact Location Of Accident | ALONG DUCHESS ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJF2788Y |
| Insured/Policyholder | |
| Name Of Registered Owner | THOMAS MICHAEL GEEKIE |
| NRIC No | S2204117G |
| Email Address | MIKEGEEKIE@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-93634320 |
| Alternative Phone No | HOME-67371925 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | BMW |
| Model | 320I |
| Exact Purpose for which vehicle was being used at time of accident | CAR WAS PARKED |
| 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 | 5099950905 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | LINDSAY KIRAN GEEKIE |
| NRIC No | S9143685Z |
| Date Of Birth | 25/11/1991 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/12/2017 |
| Driving Experience | 0 YEAR AND 10 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-93634320 |
| Fax Number | |
| Contact Number | HOME-67371925 |
| EMail Address | MIKEGEEKIE@YAHOO.COM.SG |

| | |
|---|------------------------------|
| Address | 48 CORONATION ROAD #07-02 |
| Postcode | 269263 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 0 |

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 | SKD3004T |
| Vehicle Make/Model/Colour | AUDI A5 |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CATHERINE LEE |
| NRIC/Passport Number | |
| Contact Number | 97330197 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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 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: 5/11/18
0930

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5/11/18
0930

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

UNKNOWN CAR WAS PARKED
AT DUCHESS ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE CAR WAS PARKED LEGALLY ON DUCHESS RD.
MS LEE'S CAR RAN INTO THE CAR AND DAMAGED THE
RIGHT REAR AREA.

DECLARATION

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

Policyholder's Signature _____
Date & Time: 8/11/16 0930

Driver's Signature Uke
(If driver is not the policyholder)
Date & Time: 8/16/18 0430

Reporting Centre Personnel's Signature
Name: Radi Hantaoz
NRIC/FIN No.: 0814/2018

Claim Handling

Accident MT/1018820

| | | | | | |
|---|-------------------------|-------------------------------|-----------------------|------------------------|-----------------------|
| Policy No. | 5099950905 | Vehicle No. | SJF2788Y | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | THOMAS MICHAEL GEEKIE | | | Policyholder NRIC | S2204117G |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 93634320 | Contact No.(Office) | | Contact No.(Home) | 67371925 |
| Email Address | | Special Remark | | eCode | No |
| KFK | = No Yes | TCA | = No Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 08/11/2018 10:24 | Accident Report Within 24 hrs | Yes | Accident Type | Damaged whilst parked |
| Date of Accident | 04/10/2018 | Time of Accident hh:mm | 14:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | DUCHESS ROAD | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 2500.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| ▼ Benefits | | | | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | 48 CORONATION ROAD WEST | Address 2 | #07-02 ASTRID MEADOWS | Address 3 | SINGAPORE 269263 |
| Address 4 | | Address Type | Singapore address | Post Code | 269263 |
| Unit No. | #07-02 | Related Policy Number | 5099950905 | | |
| ▼ 01 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 25/11/1991 |
| Unnamed driver Name | LINDSAY KIRAN GEEKIE | Driver NRIC | S9143685Z | Driving Experience | 0 |
| Register Date of Driver License | 01/12/2017 | Driver Age | 26 | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | SINGAPORE 269263 |
| Address 1 | 48 CORONATION ROAD WEST | Address 2 | #07-02 ASTRID MEADOWS | Post Code | 269263 |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | 07-02 | | | | |
| Does he own a Singapore Registered car? | Yes = No | Driver Vehicle No. | SJF2788Y | 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 | THOMAS MICHAEL GEEKIE | Insured NRIC | S220 | |
| Contact No.(Mobile) | 67566181 | Contact No.(Home) | | Contact No.(Office) | | |
| Email Address | | Vehicle Number | SJF2788Y | Vehicle Number | SKD | |
| Claim Description | SJF2788Y / SKD3004T ON 4 Oct 2018 | | | | Name of Preferred Workshop | |
| Preferred Workshop | | Insured Liability | Not at Fault | GIA report | Received | |
| Repair Option | Yes | Preferred Workshop, Name unknown | | | | |
| Date Registered | 08/11/2018 10:30 | Claim Close Date | | Date Received | 08/11 | |
| Report Taken By | ROSLI WAHAB | Workshop Repairer | | Total Loss but Repaired | | |

Print AK letter

Save Submit

Attachment






| | | | | | |
|--------------------|----------------|-------------|------------------|-----------|--------|
| Accident No. | MT/1018820 | Claim No. | 001 | | |
| Last Doc. Received | Yes No | Upload Date | 08/11/2018 19:31 | | |
| Path * | | Category * | Confidential | Urgency * | Des |
| 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 |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Message Read | | | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|------------------|----------|---------|-------------|
|------------|------------------|----------|---------|-------------|

11/8/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

| | | | | |
|---|--|--------|--------|------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:31 | SAS | Normal | SAS 2018-11-8 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 10:30 | Photos | Normal | Photos 2018-11-8 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 10:30 | Photos | Normal | Photos 2018-11-8 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 10:30 | Photos | Normal | Photos 2018-11-8 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 10:30 | Photos | Normal | Photos 2018-11-8 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 10:30 | Photos | Normal | Photos 2018-11-8 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 10:30 | Photos | Normal | Photos 2018-11-8 |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 10:30 | Photos | Normal | Photos 2018-11-8 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 10:30 | Photos | Normal | Photos 2018-11-8 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 10:30 | Photos | Normal | Photos 2018-11-8 |

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading



ACCIDENT STATEMENT

ACCIDENT DATE: 4/10/2018 (DD/MM/YYYY), TIME: 2 PM (HH:MM)
LOCATION: Duchess Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF2788Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5099950905
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BMW 320
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: THOMAS MICHAEL GEBKIE (MALE / FEMALE)
b) NRIC / FIN / PASSPORT: S22041174 CONTACT: 93624320
c) ADDRESS: 48 CORONATION RD WEST #07-02
S269263

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LINDSAY KIRAN GEBKIE (MALE / FEMALE)
b) NRIC / FIN / PASSPORT: S91436852 CONTACT: 67371925
c) ADDRESS: 48 CORONATION RD WEST #07-02
S269263

* d) DATE OF BIRTH: 25/11/1991 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD3004T MODEL: Audi A5
b) DRIVER'S NAME: CATHERINE LEE
c) NRIC / FIN / PASSPORT: CONTACT: 97330197

9. THIRD PARTY VEHICLE

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

4/ No of passenger
(Including driver)
(0)

4/ No of passenger
(Including driver)
()

4/ No of passenger
(Including driver)
()

Email = mikegeeekie@yahoo.com.sg

fax =

V1 080

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9143685Z**



Name

LINDSAY KIRAN GEEKIE

Race

CAUCASIAN

Date of birth

25-11-1991

Sex

F

Country/Place of birth

SINGAPORE



53557



NRIC No. S9143685Z



Date of issue

05-09-2014

Address

48 CORONATION ROAD WEST
#07-02
SINGAPORE 269263

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S9143685Z**
Name **LINDSAY KIRAN GEEKIE**

Birth Date **25 Nov 1991**
Issue Date **01 Dec 2017**

002749774E



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

| | <small>EFFECTIVE DATE</small> |
|---|-------------------------------|
| Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ | 01 Dec 2017 |

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2204117G



Name

THOMAS MICHAEL GEEKIE



Race

CAUCASIAN

Date of Birth

28-03-1953

Sex

M

Country of Birth

SCOTLAND

S2204117G

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **S2204117G**
Name: **THOMAS MICHAEL GEEKIE**

Birth Date: 28 Mar 1953
Issue Date: 21 May 2018

 002804990D

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 18 May 1977

NP 428A



[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-----------------------------|-------------------|---------|------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5099950905 | | THOMAS MICHAEL GEEKIE | S2204117G | GPC | drivo CLASSIC | SJF2788Y | SJF2788Y | 26/05/2018 | 25/05/2019 |