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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 witholding 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.

 By the loogement of this report to the insurers, your aforesaid. 	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
SECTION AND ADDRESS OF THE PARTY OF THE PART	ACCIDENT STATEMENT
Date Of Report	12/11/2018 15:45
Date Of Accident	10/11/2018 14:00
Exact Location Of Accident	ALONG ENGGOR STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG4802R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ADNAN BIN ABU BAKAR
NRIC No	S8301235H
Email Address	MUHAMMADZULHELMI86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86120539

Alternative Phone No. Vehicle Particulars

Manufacturer YAMAHA

Model JUPITER MX-134CC HC

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

OTHERS-86120539

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY MOTORCYCLE

Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5087624650-01

Cover Note Number

Name of Driver MUHAMMAD ZULHELMI BIN MOHAMED RAMLI

NRIC No S8600228J Date Of Birth 11/01/1986 Occupation OUTDOOR Date Of Driving Pass 17/02/2005

Driving Experience 13 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86120539

Fax Number

Contact Number OTHERS-86120539

EMail Address MUHAMMADZULHELMI86@GMAIL.COM Address

BLK 691A WOODLANDS DRIVE 73

#07-19

Postcode

731691

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

FRIEND

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181111/7012

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB6446Z

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

MUHAMMAD TAUFIK BIN MOHD TAHIR

NRIC/Passport Number

S9030238H

Contact Number

84942107

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD ZULHELMI BIN MOHAMED RAMLI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG4802R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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:

Reporting Centre Personnel's Signature

Name:

NEIC/EIN NO.

NRIC/FIN No.:

Date & Time:





7101111111012

1 of 3

Report No. T/20181111/7012

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 21:23	lade:	Vide Report No.: A/20181110/0096	Station Diary No.:
Informa	nt's Particu	ulars		
MUHAM	Informant: MAD ZULH ED RAMLI	IELMI BIN	Address: APT BLK 852 YISHUN STRE 760852	ET 81 #04-88 SINGAPORE
ID Type		\$1643TR	Contact No.: Home/Office:	Mobile: 86120539
National SINGAP	ity: ORE CITIZ	EN	Email: muhammadzulhelmi86@gma	il.com
Sex: Male	Age:	Date of Birth: 11/01/1986	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupat	ion: ANDA deliv	ery rider	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/11/2018 14:00	Type of Location Straight Road
ENGGOR ST	REET			
Weather:		Road Surface:	10	Road Speed Limit:
Clear		Dry		50 Km/h
		Dry Traffic Control: Traffic Light - Wo		50 Km/h Traffic Volume: Light

Details of V	ehicle Involve	d	N. C.		Charles Allerty	State of the last
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4802R	Motorcycle					0
GBB6446Z	Van	NISSAN	Van	Silver	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20181111/7012

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Rider		EW ELECTIC	STATE OF THE STATE OF	47.728.3		MATERIAL PROPERTY.
Name	MUHAMMAD ZULH RAMLI	ELMI BIN	MOHAMED	ID No.		S8600228J
Related Vehicle	FBG4802R (Motorcy	ycle)		Conta	ct No.	86120539
Hospital/Clinic	SINGAPORE GENE	ERAL HOS	PITAL	Class Drivin Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/11/2018		Date Dis	charge		/2018
No. of Days gran	ted Medical Leave	04	Degree o	of Injury	Sligh	t

Brief Details.

The incident located at 15 Enggor street.

On 10th November 2018 at 1400hrs, while I was riding a bike with a plate number of FBG 4802 R on the left lane at Enggor street, a silver van that was on the right lane with a plate number of GBB 6446 Z has made a sudden lane change without making a signal to the left. This act of negligence causes me to make an emergency break and skidded approximately a one car length. My motorcycle was then hit straight to the rear left side of the van which I then fall on my left side after the hard impact. This has led to an injury on my right shoulder and right knee. And my head felt dizzy after impact.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181111/7012

CONTINUATION OF REPORT

Sketc	h P	lan
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Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2018 21:23
Officer In Charge Of Case: TP / TPIB / NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:

Authentication Stamp



Department of Emerge Outram Road Singapore 149608 Tel : (65) 6321 4103 Fax: (65) 6226 0924 Reg No: 198703907Z

THE RESERVE OF THE PARTY OF THE	
	APPRICATE
	MEDICAL CERTIFICATE
MINIMA	IIILDIO/IL

EMD2018423978

MUHAMMAD ZULHELMI BIN MOHAMED,	RAMLI	S8600228J
This is to certify that the above-named is units for duty to inclusive.		11-Nov-2018 to 14-Nov-2018
Type of medical leave granted : Hospitalization Leave	Outpatient Sick Lea	
Admitted on : Discharged on :	Materity Leave. Steritzation Leave.	Delivered on Delivered on
This certificate is not valid for absence from Diagnosis		Operation (If applicable)
Lagrosis		
r for light duty from N.A. mments: above-named patient attended my clinic at	no. N.A. and le	m m NA
	to. N.A	

sidemi HT/1019990 Scv. No.	5007924650-01	Vehicle No.	10048029		GST Registration No.	
ercificate No.	Jan 14, 19,19	WENEFUL !				
skryhulder Name	MUHAMMAD ADNAN BIN ABU BAKAR				Pulicyhulder NRIC	58301735H
aduct Code	HOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & To	nett.	Loading	ü
ontact No.(Mobile)	86120539	Contact No.(Office)			Contact his (Home)	100000
mail Address		Special Remark			eCode	No. *
rk.	+ No. Yes	TCA	+ No. Yes		eCode Ressor	
CO Protection	No.	NCD Excelement(%)	20		Private Hire	No.
w Accident Details						
apart Date	12/11/2018 16:22	Accident Report Within 24 hrs	Yes		Accident Type	Civilisms - Change / Criss ii
ater of Accident	10/11/2018	Time of Accident trivings	14:00		Country of Accident	Singapore
eourting Centre		Grange Force			3CM No.	
codent Location	ALONG ENGGOR STREET					
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- Benefits						
□ GST Registered Informati	ine					
ST Registered	No		GST Regati	renon Date		
ST Registration No.			GST Statue	Verified	(Yes	
tedification History						

Acutress 1	BLK 534 #10-802	Address 2	BEDOK NORTH STA	BET 3	Address T	SINGAPORE 460534
Apdress +		Address Type	Singapore accress		Post Code	460134
init No.		Religion Pulicy Number	5087624650-01			
→ OI Driver Infe						
Driver Name	MUHAMMAD ZULHELMI BIN MCHAMED RAMLI	Driver Type	Named Driver			
Unramed driver Name		Driver NRIC	586002283		Driver DOB	12/01/1984
Register Date of Driver License	17/02/2005	Driver Age	17		Driving Experience	13
Contact No (Mobile)	86120939	Contact No.(Office)			Contact No.(Home)	
Acidress I		Authors 2			Address 3	
Address 4		Automa Type	Foreign address		Past Chide	
						1 been of
DHT No.						NTUC
Ond No. Does he own a Singepore Registered car?	Tes + No	Driver Vehicle No.	FBG4802R		Driver Insurer Company	1404
Does he own a Singapore	Yes + No Simp	Diver Vehicle No. Any injury?	FBG4802K		Driver Insurer Company	
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Does he own a Singapore Registered Lar? Decleration Seathabser or Blood Test Roading? Madification Hearing Claim OD1 New Claim Type * Cuntact no.(Nobile) Email Address Claim Description Professed Emailed to. Yes Claim Registered Report Teses By Attachment of Account No. Last Doc. Received	Insured Liability Solt at Fan Page Path *	Any injury? OIL GIA Rocel Flagorit Rocel	Yes + NO	#1627540 #EG48079 / GB860467 12/11/2018 16:24 #GSUJ WAMAR 901 12/11/2018 16:25 Category *	y Insured MUHAMMAD AD- Contact VIII P2412888 (Home) OI Vericle Mumber Con 10 her 2018 Claim	JANUARU 93 Insured ARIC Connact No. (Office) (Of
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/12/2018	Claim Handling(accident reporting Claim Task)									
15-										
1	NAC_BURIT_MERAH_BDD676(NATI S (BURIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 12 Nov 2018 16:25	Phytos	Normal	Fruitos 2	018-11-12				
V	NAC_BUKST_MERAH_380670(NATI S (BUKST MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 12 Nov 2018 16:25	Photos	Normal	Protos 2	918-11-12				
100	NAC_BURIT_MERAM_BOOK?6(NATI S (BURIT MERAM))	ONAL ASSESSMENT CENTRE SERVICE on 12 Nov 2018 16:25	Photos	Normal	Photos I	019-11-12				
5	NAC_BURIT_MERAN_800676[NAT S (BURIT MERAN)]	IDNAL ASSESSMENT CENTRE SERVICE on 12 Nov 3018 16:25	Photos	Normal	Photos i	018-11-13				
913	NAC_BUNIT_MERAH_B00676(NAT S (BURIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 12 Nov 2018 16:25	Photos	Normal	Proptus .	018-11-12				
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	NAC_BUKIT_HERAH_B00676(NAT S (BUKIT HERAH))	IONAL ASSESSMENT CENTRE SERVICE IN 12 Nov 2018 10:25	Pration	Normal	Photos	2018-11-12				
5	NAC_BUKIT_MENAH_S006761 NAT S (BUKIT MERAH)	TOWAL ASSESSMENT CENTRE SERVICE on 12 Nov 2018 16:25	Photos	Normal	Photos	2016-11-12				
1000	NAC_BUKIT_MERAH_BODG76(NAT S (BURIT MEGAH)	TOWAL ASSESSMENT CENTRE SERVICE on 13 Nov 2018 16:25	Photos	flormer	imatos	2018-11-12				
	NAC_BUKIT_MERAH_BOGGT6(NA S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE on 12 Nov 2018 16-23	Photos	Normal	Photos	2018-11-12				
2	NAC_BURIT_MERAH_800676(NA 5 (BURIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE on 12 New 2018 16:24	Photos	Normali	Photos	2018-11-12				
1	NAC_BURIT_MERAH_800878[NA S (BURIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE on 12 New 2018 0:24	#hotos	Norrial	Photos	2018-11-12				
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193	NAC_BUKIT_MERAN_800676(NA S (BUKIT MERAN	TIONAL ASSESSMENT CENTRE SERVICE) on 12 Nov 2018 16:24	SAS	harmel	S#5 2018-11-12					
A TOTAL		TIONAL ASSESSMENT CENTRE SERVICE () on 12 Nov 2018 16:24	NRICY Striving License	Normal	NREC/ Driving	ticeose 2018-11-12				
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A CCIDENT STATEMENT

ACCI	DENT DATE: (10. / 11.) 4018)(DD/MM/YYYY), TIME:(_14. : 00)(HH:MM)
LOCA	TION:_ IS ENGGOE ST	· ·
1.	DETAILS OF VEHICLE	FL W
	OVEHICLE NUMBER: FOG 4802 P.	* * *
\$3	DINSURANCE COMPANY! NTUC	- 01
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	RIY / THIRD PARTY FIRE &THEFT)
	DIMAKE & MODEL! YAMMA SUPITER M	X
	IJTYPE: (SACOON / COUPE / MPY / VAN / LORR	Y / MOTORCYCLE, / OTHERS
	g YEHIOLE CATEGORY: (PRIVATE / COMMERC	
(%)	h) PURPOSE OF USING AT ACCIDENT TIME:	110000011000000000000000000000000000000
	I) ARE YOU CLAIMING UNDER YOUR OWN INSU	PANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / R	The Control of the Co
2	INSURED / POLICY HOLDER	
	ALMANO, MUHAMMAD ZULHELME PIN MOHAM	EODENHETIMALE / FEMALE!
77	DINRIC/FIN/PASSPORT: 586002283 CIADDRESS: APT BLEGGIA WOODLAWDS	CONTACT: 8612 0539
	CLADORESS: APT BLEGGIA WOODLAWDS	DEIVE 73 # 07-19
25 51 75	SINGAPORE 731691	
N	* CONTINUE TO 3,d IF DRIVER ALSO POLICY HE	OLDER
the of personage	DRIVER .	h on the same of
(Including driver)	O)NAME: MNHAMM AD ZULHELME BM MOT	HAVED KAMELM ALE FEMALET
, 1 2 mm.	b) NRIC/FIN/PASSPORT: 566002283	CONTACT: \$612.0539
(T)	CIADORESS! APT BLE GAIA WOODLANDS SINGAPORE 731611	DEIVE 43 AUT-19
20	'd)DATE OF BIRTH: 11 / 01 / 486 100	/III // // / / / / / / / / / / / / / /
98	-LOCALIBLEICHI IMPOCONI CIITOCONI	MODALE PROCESSION OF RE
₽	IDATE OF DRIVING PASS THE	SRUARY 2005
	WAS DRIVER AN EMPLOYEE OF THE INSUR	RED'S COMPANY? (YES / NO)
(34)	IF NO, RELATIONSHIP OF THE DRIVER WI	TH INSURED!
5.	O WEATHER CONDITION: (CLEAR /-RAINING /	OTHERS
31	b) ROAD SURFACE: (DRY / WET / OTHERS	1 1
6.	WAS ANYBODY INJURED (YES /-NO)	22 N 12 C48
7.	a REPORTED TO POLICE (YES /-NO)	N. ONLINE TP
101	IF YES, PLEASE STATE WHICH POLICE STATIO	NI DITE IS
5.	THIRD PARTY VEHICLE GBB 64462	MODEL! VAN
No of passenger	O) VEHICLE NUMBER: GBB 6446 Z	MOUD TOHIR.
Induding driver)	DI DRIVER'S NAME: MANAGEMENT IN THE BILL	CONTACT:84942107
(_) .	C) TAUCHTALL VOSLOUTE	CONTACT
9.	THIRD PARTY VEHICLE	MODEL:
file of becaused	d) VEHICLE NUMBERI	MODEL.
(Including delver	o) DRIVER'S NAME:	CONTACT
()	Z. II. MANOPERANCE VINI	
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	18 1g2 =	70 Î
		v. V.

email: munammadzumelm.86@gmail.com
fax:
VIOEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8600228J



MUHAMMAD ZULHELMI BIN MOHAMED RAMLI

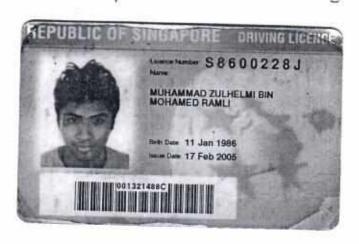
محمد ذالحيلمي بن محمد رملي

Hace MALAY

Date of birth 11-01-1986

Country/Place of birth

SINGAPORE



5681795



MIIC No. S8600228J

Date of lanue 21-12-2016

APT BLK 691A WOODLANDS DRIVE 73 #07-19 SINGAPORE 731691

NRIG No. S8600228J

Date: 12/11/2018

FOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 2B Matercycles =< 280 CC
Class 2A Matercycles between 201 CC and 400 CC
Class 2 Matercycles > 450 CC
Class 3 Matercycles > 500 CC
Class 3 Matercycles > 500 Mg with =< 7 passengers, exclusive of the driver; and natur tractors/vehicles >< 2500 kg

17 Feb 2005 04 Mar 2008 06 Jun 2012 13 Jun 2012

SWHOZZEJ

S / No. 9000155068

NP 4284

Ucence No: 58600228J

eBaoTech Hello, NAC_BUKIT_MERAH_800676			GeneralClaim								
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Notice of Loss	Policy 1	Vo.				Date	of Accident		10/11/2018	15:37	
	Vehicle No.(For Motor)	FBG4802R			Certificate Number						
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087624650- 01		MUHAMMAD ADNAN BIN ABU BAKAR	58301235H	GMC	Third Party, Fire & Theft	FBG4802R	FBG4802R	26/01/2018	25/01/2019
						Continue	1				