

**NATIONAL Assessment Centre Services** (ref: Jarvis) *MA 19062157*

Date In: <i>13/05/2019 17:32</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBAFAC1900844614</i>	SAS e-filing		
Veh No: <i>FBN 2573C</i>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: <i>11/05/2019 14:15</i>	i-Motor Claim Form	<i>13/05/2019 18:06</i>	<i>13/05/2019</i>
OD - TP: <i>Reporting Only</i>	i-Motor W/O (Within 8hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: *SMB 288S* 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

Claimant's Particulars:-	Invoice Preparation Checklist	
	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comment(s):	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	<i>For claimant against INC Only (wef 10 Jan 2009)</i>	
Cat. 2/3:	6) TR: Re-inspection \$75	
	7) N1: Idm DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	(Nil)	
	*N3: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (Nil) - TP (Non-INC) against INC \$20	
	9) N12: Idm Mobile \$30	
	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	13/05/2019 17:32
Date Of Accident	11/05/2019 14:15
Exact Location Of Accident	SLIP ROAD FROM PENJURU ROAD TOWARDS AYE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN2573C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL AZIZ BIN BIAT
NRIC No	S1286452C
Email Address	ARDEE94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98313622
Alternative Phone No	OTHERS-86081774

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR1100XX-1.1 (M)
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107344655
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FARDEE BIN ABDUL AZIZ
NRIC No	S9415039F
Date Of Birth	01/05/1994
Occupation	INDOOR
Date Of Driving Pass	24/01/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98313622
Fax Number	
Contact Number	OTHERS-86081774
EEmail Address	ARDEE94@HOTMAIL.COM

Address	BLK 24 TEBAN GARDENS ROAD #05-167
Postcode	600024
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : MUHAMMAD AFFIAN BIN ABDUL AZIZ GENDER: : MALE

#### 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	SMB238S
Vehicle Make/Model/Colour	SMRT BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LEE SAY MING
NRIC/Passport Number	F7690107N
Contact Number	+600146019284
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

**SKETCH PLAN**

**IMPORTANT NOTICE**

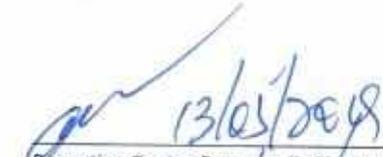
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

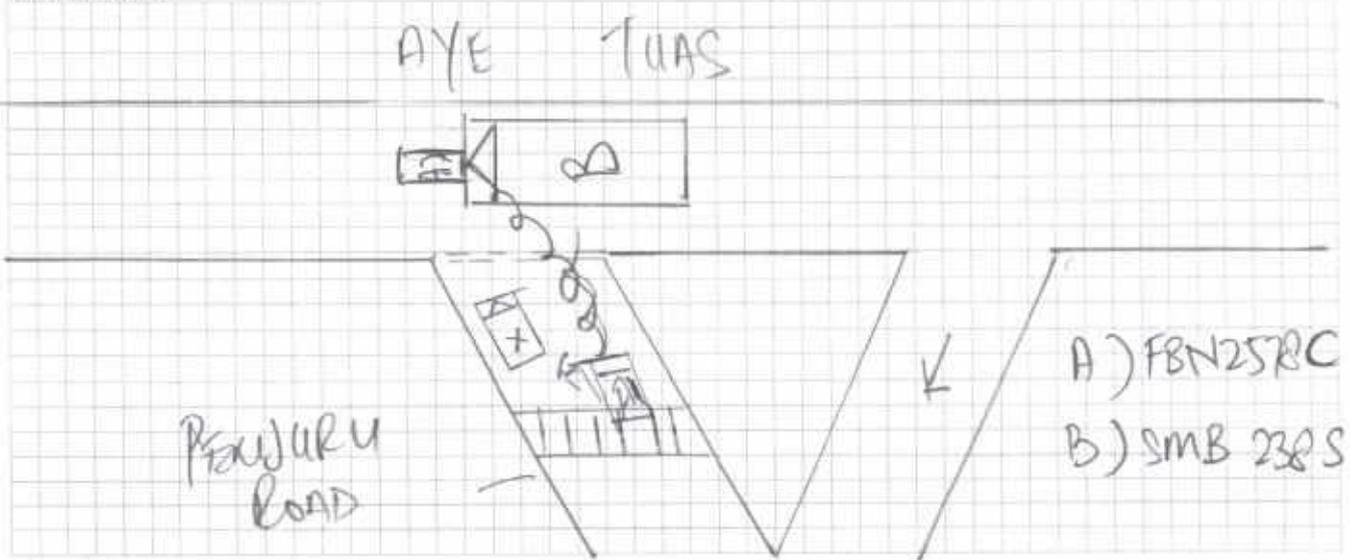
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 13/05/19  
B 1306HRC

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

11/05/19 1415HRS, accident happened from Payjuru Road towards AYE(TUAS)  
 Before the band I slow down and did clock blindspot. There  
 is another bike in front of me. He did emergency so I tried. By  
 the time, I tried to emergency brake, my rear tyre give way so  
 I had to throw my bike due to sandy road. By then, my bike is  
 still dragging to main bike. And he didn't had time to brake and  
 hit my bike.

DECLARATION

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

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 13/05/19  
 1323HRS.

*[Signature]* 13/05/2019  
 Reporting Centre Personnel's signature  
 Name: Kedi WAH  
 NRIC/FIN No.:

**Claim Handling**

Accident NT/1044319

Policy No.	5107344555	Vehicle No.	PBN2573C	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL AZIZ BIN BIAT	Cover Type	Third Party	Policyholder NRIC	S1286453C
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	96313622	Special Remarks		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	<input type="text" value="No"/>
KFK	- No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	13/05/2019 18:00	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	11/05/2019	Time of Accident (h:mm)	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIF ROAD FROM PENJURU ROAD TOWARDS AYE (TUAS)				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
VED OD Excess	0.00	VED TP Excess	0.00
Additional Excess		Driver is Covered?	Not Applicable
Total OD Excess Applicable	0.00	Total TP Excess Applicable	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	BLK 24 #05-16T	Address 2	12BAN GARDENS RD	Address 3	SINGAPORE 00024
Address 4		Address Type	Singapore address	Post Code	60024
Unit No.		Related Policy Number	5107344555		

**OI Driver Info**

Driver Name	MUHAMMAD FARDEE BIN ABDUL AZIZ	Driver Type	Named Driver
Unnamed driver Name		Driver NRIC	B94L0009F
Register Date of Driver License	11/10/2016	Driver Age	25
Contact No.(Mobile)	96081774	Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.		Driver Vehicle No.	PBN2573C
Does he own a Singapore Registered car?	Yes No	Driver Insurer Company	NTUC

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No
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Modification History

Claim 001 **Msg**

**Claim Type \***

**Contact No.(Mobile)**  **Insured Name**  **Insured NRIC**

**Email Address**  **Contact No.(Home)**  **Contact No.(Office)**

**Claim Description**  **TP Vehicle Number**  **Name of Preferred Workshop**

**Preferred Workshop Selected for Provision**  **Insured Liability**  **Party at Fault**  **GIA report**

**Date Registered**  **Claim Close Date**  **Date Received**

**Report Taken By**

Print AK letter

**Save Submit**

**Attachment**

Accident No.  Claim No.

Last Doc. Received  Yes  No Upload Date

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/>	No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Choose File"/>	No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Choose File"/>	No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Choose File"/>	No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Choose File"/>	No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Choose File"/>	No file chosen	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Message Read"/>					

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 18:04	Photos	Normal	Photos 2019-5-13	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 18:04	Photos	Normal	Photos 2019-5-13	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 18:04	Photos	Normal	Photos 2019-5-13
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 18:03	Photos	Normal	Photos 2019-5-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 18:03	Photos	Normal	Photos 2019-5-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 18:03	SAS	Normal	SAS 2019-5-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 18:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-13

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

# ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 05 / 2019) (DD/MM/YYYY), TIME: (14 : 15) (HH:MM)

LOCATION: Penjuru Road Towards AYE (Tuar)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN2578C  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5107344655  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA CBR1100xx  
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)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Abdul Aziz Bin Biat (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 51286452C CONTACT: 9831 3622  
c) ADDRESS: Blk 24, Teban Gardens Road #05-167  
SINGAPORE (600029)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Muhammad Farid Bin Abdul Aziz (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57415079F CONTACT: 8608 1744  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (01 / 05 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24/01/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SUN

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

b) ROAD SURFACE: (DRY / WET / OTHERS SANDY)

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: SMB238C MODEL: SMART BUS  
b) DRIVER'S NAME: Lee Say Ming  
c) NRIC/FIN/PASSPORT: F7690107A CONTACT: +60 0146019284

## 9. THIRD PARTY VEHICLE

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

\*No of passenger  
(Including driver)  
(2)

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

email = ardee94@hotmail.com.

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9415039F



Name: MUHAMMAD FARDEE BIN ABDUL AZIZ

Race: MALAY

Date of birth: 01-05-1994

Sex: M

Country of birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9415039F

Name: MUHAMMAD FARDEE BIN ABDUL AZIZ

Birth Date: 01 May 1994

Issue Date: 11 Oct 2016




002618503G

4358290



NRIC No. S9415039F



Date of issue: 17-02-2009

Address: APT BLK 24 TEBAN GARDENS ROAD  
#05-167  
SINGAPORE 600024

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	11 Oct 2016
Class 2A Motorcycles between 201 CC and 400 CC	01 Dec 2017
Class 2 Motorcycles > 400 CC	24 Jan 2019

S9415039F

S / No. 9000334031

NP 428A



Licence No. S9415039F

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5107344655		ABDUL AZIZ BIN BIAT	51286452C	GMC	Third Party	FBN2573C	FBN2573C	31/01/2019	30/01/2020

Continue