

NATIONAL Assessment Centre Services

(Form 1 Jan 2018)

MA9093004

Date In: 16/07/2019 14:25	Job description	Date & Time Completed	Done by
Ref No: NBA/ma9093004	SAS e-filing		
Veh No: FBH 67214	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 16/07/2019 10:00	I-Motor Claim Form	ma9093004-001	16/07/2019
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:59
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: FBH 67214	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: (\$)	Landing: \$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

MA9093004	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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 2019)		
Cal. J:	6) TR: Its inspection \$75		
Cal. 2/3:	7) NI: Idnu DA + SMRT Survey \$160		
1/1/1	8) NTUC Additional Services:		
	1211		
	* N0: 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: Idnu Mobile 30		
	Invoice dated	For Charged	
	For Charged		

07-MAY-2019 16:39

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	16/07/2019 14:25
Date Of Accident	15/07/2019 10:10
Exact Location Of Accident	AYE TOWARDS CITY BEFORE CLEMENTI AVENUE 6 EXIT 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB9395S
Insured/Policyholder	
Name Of Registered Owner	WANG ZHIGANG
Passport No/FIN	G29881465
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96979387
Alternative Phone No	OFFICE-96979387

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5062340715-05
Cover Note Number	

Driver

Name of Driver	WANG ZHIGANG
Passport No/FIN	G29881465
Date Of Birth	11/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	14/09/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96979387
Fax Number	
Contact Number	OFFICE-96979387
Email Address	NOEMAIL

Address	BLK 36 BEO CRESCENT #09-49
Postcode	160036
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 MOTORCYCLIST
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH6721Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EN900U
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Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WANG ZHIGANG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBB9395S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

Wang Zhi Gang
Policyholder's Signature

Date & Time: 16/07/2019

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

16/07/2019
Reporting Centre Personnel's Signature
Name: Rosli
NRIC/FIN No.: 16072019

SKETCH PLAN

AVK TOWARDS CNY B/F CLARKMANI AVA 6

A) FBB9395S

B) FBH6721Y

C) EN900U

A | ↑ | ↑ | ↑



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FBH6721Y 向右割车先撞了 EN900U 倒地, 刚好就在我前面
倒至我刹车不及也撞上去,

FBB9395S

DECLARATION

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

Wang Zhi Gang

Policyholder's Signature

Date & Time: 16/07/2019.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

16/07/2019

Rafael Mathias

Accident NT/1053708

Accident Details

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

GST Registered Information			
GST Registered	Yes	GST Registration Date	01/01/2019
GST Registration No.	NA	GST Status Verified	No
Modification History	16/09/2019 17:54:17 System auto update fail: The format of the UEN is incorrect or UEN is invalid.		

Policyholder Mailing Address					
Address 1	15 CHANGI NORTH STREET 3	Address 2	#03-10 1-LOFTS @ CHANGI	Address 3	SINGAPORE 496763
Address 4		Address Type	Singapore address	Post Code	496763
User No.	04-03	Related Policy Number	S662340715-08		

Q1 Driver Info					
Driver Name	WANG ZHIGANG	Driver Type	Main Driver		
Unnamed driver Name		Driver ARIC	G238E1465	Driver DOB	11/07/1984
Register Date of Driver License	12/12/2006	Driver Age	35	Driving Experience	12
Contact No.(Mobile)	96979367	Contact No.(Office)		Contact No.(Home)	
Address 1	15 CHANGI NORTH STREET 1	Address 2	#01-10 1-LOFTS @ CHANGI	Address 3	SINGAPORE 496765
Address 4		Address Type	Singapore address	Post Code	496765
Unit No.	04-01				
Does he own a Singapore Satisfiers/Lic?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FD803955	Driver Insurer Company	NTUC

Declaration: ☐ Breathalyzer or Blood Test Result? ☐ 0 mg. ☐ Any injury? ☐ Yes ☐ No

Modern History

Claims 001 New

Claim Type *	CO-M9 *		Insured Name	WANG ZHIGANG	Insured No.	G29881485
Contact No.(Mobile)	86579387		Contact No. (Home)		Contact No. (Office)	
Email Address			Vehicle Number	FBM91955	Vehicle Number	FBH6721Y
Claim Description			FBM91955 / FBH6721Y ON 15 Jul 2019		Name of Preferred Workshop	
Preferred workshop	Insured Liability		Not at Fault			
Estimated No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered			16/07/2019 17:56		Claim Date	16/07/2019 00:00
Report Taken By			ROSLI WAHAB		Date Received	

Save Submit

Attachement

[illegible]

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800476K NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Jul 2019 17:57	Photos	Normal	Photos 2019-7-16	
	NAC_BUKIT_MERAH_800676K NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Jul 2019 17:57	Photos	Normal	Photos 2019-7-16	
	NAC_BUKIT_MERAH_800676K NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Jul 2019 17:57	Photos	Normal	Photos 2019-7-16	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:57	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:57	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:57	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:57	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:57	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:57	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:57	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:58	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	Photos	Normal	Photos 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2019 17:56	SAS	Normal	SAS 2019-7-16

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 15/07/2019 (DD/MM/YYYY), TIME: 10:10 (HH:MM)
LOCATION: AYE clement Ave 6 Exit 11

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB9395S
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5062340715-05
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Wang Zhi Liang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 621695241 CONTACT: 96979387
c) ADDRESS: 36 Ben cres #09-49 SC160036

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AE ABOMH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 11/07/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

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

6. WAS ANYBODY INJURED (YES / NO) 2 days m/c

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBH 67217 MODEL: MOTORCYCLE
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: EN 9004 MODEL: MARCA PAZ
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

VIDEO

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


Employer:
TRANSNATIONAL SUPPLY CHAIN LOGISTICS PTE LTD

For LKK/NAC Use Only

Name:
WANG ZHIGANG

Work Permit No:
0 75324634

Sector:
SERVICE

 **K0459855**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

G2169524L

WANG ZHIGANG

For LKK/NAC Use Only

Birth Date: **11 Jul 1984**
Issue Date: **25 Aug 2018**
Valid Till: **13/09/2023**

 **002838257F**

VISIT PASS
Immigration Regulations

Name:
WANG ZHIGANG

For LKK/NAC Use Only

IR:
G2169524L

Date of Birth:
11-07-1984

Nationality:
CHINESE

Sex:
M

Download SGWorkPass App to check status



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles =< 200 cc	14 Sep 2013
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	25 Aug 2018

For LKK/NAC Use Only

Licence No: G2169524L

NP 428A

The Ministry of Foreign Affairs of the People's Republic of China requests all civil and military authorities of foreign countries to allow the bearer of this passport to pass freely and afford assistance in case of need.

nlw pass port

PEOPLE'S REPUBLIC OF CHINA

类型/Type
P

国家代码 Country Code
CHN

护照号码: Passport No.
EA9484176



王志岗
WANG, ZHIGANG

For LKK/NAC Use Only

11.08 / Nahrungsmittel

Date of birth:

男/M

中國/CHINESE

11 JUL 1984

16. 牛馬石 / Place of 1600

江苏/JIANGSU

26 10月/OCT 2017

TABLE II

新加坡
SINGAPORE

截止日期: Due 14/04/2019

25 10月/OCT 2027

权威机关: Authority

中國駐新加坡大使館
EMBASSY OF P.R.CHINA
IN SINGAPORE

444) S. Z. Bender's signature

王春崗

[illegible]

EA94841767CHN8407111M2710257MNP FNGLOLINKA91

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="15/07/2019 11:50"/>							
Vehicle No.(For Motor)	<input type="text" value="FBB9395S"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S062340715-05		WANG ZHIGANG	G29881465	GMC	Third Party	FBB9395S	FBB9395S	21/09/2018	20/09/2019
<input type="button" value="Continue"/>										