

NATIONAL Assessment Centre Services

(Form 1 Jan 2005)

MA04/5097152

Date In: 25/01/2005 09:59	Job description	Date & Time Completed	Done by
Ref No: NBD/MC/90131067	SAS e-filing		
Veh No: SKW 37412	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/01/2005 13:30	I-Motor Claim Form	17/10/54936001	25/01/2005
OD (TP) Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		11:38
TP Insurer:	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: SBH 834	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: (INC hotline: 678816616)	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

<p>MA1905364</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Assessor's Comments:</p> <p>Cal. J:</p> <p>Cal. 2/3:</p> <p>P. 1/1</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>For claimant against INC Only (waf 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idno DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>(211)</p> <p>* N3: Courtesy Car / Tpt Allowance \$5</p> <p>* N6: Repair Co-ordination \$10</p> <p>* N7: Post Repair Inspection \$25</p> <p>* N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N11 INC) against INC \$20</p> <p>N12: Idno Mobile \$0</p>		<p>Am (\$)</p> <p>Am (\$)</p>
	<p>Inv. dater</p> <p>Fen Charged</p> <p>Fud Charged</p>		<p>18 MAY 2005</p>

07-MAY-2005 18:39

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	25/07/2019 09:59
Date Of Accident	23/07/2019 13:30
Exact Location Of Accident	IN TIONG BAHRU PLAZA B2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3741Z
Insured/Policyholder	
Name Of Registered Owner	LIM CHAY YONG JENNY
NRIC No	S1525022D
Email Address	JACKIESONGINTERIOR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91003613
Alternative Phone No	OTHERS-96337366

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 PREMIUM (A)
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	5094983315-01
Cover Note Number	

Driver

Name of Driver	SONG HAN SENG
NRIC No	S1524303A
Date Of Birth	14/05/1962
Occupation	INDOOR
Date Of Driving Pass	28/01/1985
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91003613
Fax Number	
Contact Number	OTHERS-96337366
Email Address	JACKIESONGINTERIOR@GMAIL.COM

Address	BLK 540 SERANGOON NORTH AVENUE 4 #12-111
Postcode	550540
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) 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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190724/2110

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	SBH83U
Vehicle Make/Model/Colour	LEXUS ES300F
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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

25/07/2019
1005 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/07/2019
Keshav Kumar

SKETCH PLAN

UNKNOWN CAR WAS PARKED
VIDEO APPACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/90190776/2110

DECLARATION

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

Policyholder's Signature
Date & Time:

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

1005 AM

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

25/01/2019
Kashinathan



SINGAPORE POLICE FORCE



T/20190724/2110

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190724/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2019 14:36		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: SONG HAN SENG			Address: APT BLK 540 SERANGOON NORTH AVENUE 4 #12-111 SINGAPORE 550540		
ID Type / ID No.: NRIC NO / S1524303A			Contact No.: Home/Office:		Mobile: 96337366
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 14/05/1962	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/07/2019 13:30	Type of Location: Car Park
Location: Along Road 1 TIONG BAHRU ROAD IN TIONG BAHRU PLAZA, B2 CARPARK.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBH83U	Car	TOYOTA	LEXUS ES300F	Beige		0
SKW3741Z	Car	TOYOTA	HARRIER PREMIUM 2.0 A	White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190724/2110

Police Station Of Origin;
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20190724/2110

CONTINUATION OF REPORT

Vehicle Owner				
Name	SONG HAN SENG		ID No.	S1524303A
Related Vehicle	SKW3741Z (Car)		Contact No.	96337366
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 23/07/2019 at about 1300hrs, I parked my car, registration plate: SKW3741Z, at B2 carpark of Tiong Bahru Plaza and went for my lunch. At about 1355hrs after lunch, I went back to my car and drove it to 53 Ubi Avenue 1 to have my meeting. After parking my car at the nearby parking lot, I got out of my car and noticed a few scratches on the right front bumper of my car. I immediately took out my in-car camera SD card and safe-keep it to review the footage later.

After reviewing the footage, I saw a car bearing registration plate: SBH83U, hit onto my car while the driver was parking into a lot beside mine at Tiong Bahru Plaza. The incident happened at about 1330hrs. No particulars was left on my car when I drove out from Tiong Bahru Plaza and I do not know the lot number that I parked my car in.

I am also making this report to claim from my insurance.



**SINGAPORE
POLICE FORCE**



T/20190724/2110

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190724/2110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 CHOW YUN NI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No: 65476145

SN 49

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/07/2019 14:36

Classification Of Case:

SIGNATURE

Claim Handling

Accident MT/1054936

Policy No.	509493315-01	Vehicle No.	SKW3741Z	GST Registration No.	
Certificate No.				Policyholder NRIC	S1526022D
Policyholder Name	LIM CHAY YONG JENNY	Cover Type	Drive CLASSIC	Loading	C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91333613	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
SPR	No Yes	RCD Entitlement(%)	50	Private HRP	No
RCD Protected	No				
Accident Details					
Report Date	25/07/2019 11:09	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	23/07/2019	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	IN TONG BARRU PLAZA 82 CHARMK				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	000.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured	50000000.00		
Transport Allowance					
GST Registered Information					
GST Registered	No	GST Registration Date		GST	Yes
GST Registration No.		GST Status Verified			
Modification History					

Policyholder Mailing Address					
Address 1	BLK 540 #12-111	Address 2	SERANGGON NORTH AVENUE 4	Address 3	SINGAPORE 550940
Address 4		Address Type	Singapore address	Post Code	550940
Unit No.		Related Policy Number	509493315-01		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/05/1962
Unnamed Driver Name	SQNS Hala STNG	Driver NRIC	S1514005A	Driving Experience	54
Register Date of Driver License	28/01/1985	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	96337566	Contact No.(Office)		Address 5	SINGAPORE 550940
Address 1	BLK 540 #12-111	Address 2	SERANGGON NORTH AVENUE 4	Post Code	550940
Address 4		Address Type	Foreign address		
Unit No.	12-111			Driver Insurer Company	ATUJ
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKW3741Z		
Declaration					
Breakdown or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001

New

Claim Type *	CD-MX	Insured Name	LIM CHAY YONG JENNY	Insured NRIC	S1526022D	
Contact No.(Mobile)	91003613	Contact No.(Home)	94834177	Contact No.(Office)		
Email Address		Vehicle Number	SKW3741Z	Vehicle Number	SKW3741Z	
Claim Description	SKW3741Z / SKW3741Z ON 23 Jul 2019				Name of Preferred Workshop	
Referred	Insured Liability	Not at Fault				
Workshop	Yes	Preferred	Preferred Workshop, Name unknown	GIA report	Received	
Finalisation	Repair Option			Claim Date	25/07/2019 11:17	
Report Taken By				Claim Date	25/07/2019 00:00	

Print All Letter

Save Submit

Attachment

Accident No.	MT/1054936	Claim No.	001
Last Chk. Received	Yes No	Upload Date	25/07/2019 11:28
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential *
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	A
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jul 2019 11:28	Photo	Normal	Photos 2019-7-25		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jul 2019 11:28	Photo	Normal	Photos 2019-7-25		

Claim Handling(accident reporting Claim Task)

2/2

ACCIDENT STATEMENT

ACCIDENT DATE: (23/07/2019) (DD/MM/YYYY), TIME: (13:30) (HH:MM)

LOCATION: Tiong Bahru Plaza

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 37412
 b) INSURANCE COMPANY: NTCU
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 1330
 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: LIM CHAY YONG JENNY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1525502-D CONTACT: 91003613
 c) ADDRESS: BLK 540, SERANGOON NORTH AVE 4
#12-111 5550540

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SONG HAN SENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1524303-A CONTACT: 9633-7366
 c) ADDRESS: BLK 540, SERANGOON NORTH AVE 4
#12-111 5550540

* d) DATE OF BIRTH: (14/05/1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS CLASS 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 8/20/8/20
 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: 8BH 824 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
 (1)

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

email = Jackie Song interior@gmail.com

VIDEO

jinjin 3381@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1524303A



For LKK/NAC Use Only
Name
SONG HAN SENG

宋 汉 盛
Race
CHINESE
Date of birth
14-05-1962
Country/Place of birth
SINGAPORE



Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1524303A

Name
SONG HAN SENG

For LKK/NAC Use Only

Birth Date 14 May 1962
Issue Date 27 Nov 2003



5744713

NRIC No. S1524303A

For LKK/NAC Use Only



Date of issue
19-05-2017

Address

APT BLK 540 SERANGOON NORTH AVENUE 4
#12-111
SINGAPORE 550540

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

PASS DATE
28 Jan 1965

For LKK/NAC Use Only



NP 426A

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="23/07/2019 11:41"/>
Vehicle No. (For Motor)	<input type="text" value="5KW3741Z"/>	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
*	5094983315-01		LIM CHAY YONG JENNY	S1525022D	GPC	drivo CLASSIC	5KW3741Z	5KW3741Z	27/10/2018	26/10/2019