

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

12/09/2019

Date Inc: 12/09/2019 17:21	Job description	Date & Time Completed	Done by
Ref No: XIA19016027/4	SAS e-filing		
Veh No: FBH 8140K	E-mail (to John Sherr, AIC 2hrs)		
DOA: 12/09/2019 06:50	I-Motor Claim Form	12/09/2019 17:48	
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wh3R		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLF 1467G	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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

<p>XIA1901024</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>Ref: 1:</p> <p>2/3:</p>	<p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$10)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idas DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>* NS: Courtesy Car / Tpl Allowance \$3</p> <p>* NG: Repairs Coordination \$10</p> <p>* NG: Post Repair Inspection \$25</p> <p>* NG: DV / Collect Excess Coordination \$3</p> <p>TP (NI): TP (Non INC) against INC \$10</p> <p>9) NI: Idas Mobile \$30</p>	<p>Fee Charged</p> <p>Fee Charged</p>
	Invoice dated	
	Invoice dated	

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	12/09/2019 17:21
Date Of Accident	21/08/2019 06:50
Exact Location Of Accident	ALONG BUKIT BATOK EAST AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8140K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NUR IMAN BIN SAID
NRIC No	S9743570G
Email Address	ELBACONSTRIPZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91020517
Alternative Phone No	OTHERS-91020517

Vehicle Particulars

Manufacturer	APRILIA
Model	RS4 125-124CC
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	THIRD PARTY
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	5091631761-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NUR IMAN BIN SAID
NRIC No	S9743570G
Date Of Birth	12/12/1997
Occupation	INDOOR
Date Of Driving Pass	03/06/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91020517
Fax Number	
Contact Number	OTHERS-91020517
EEmail Address	ELBACONSTRIPZ@HOTMAIL.COM

Address	BLK 234 ANG MO KIO AVENUE 3 #03-1138
Postcode	560234
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	SIDE SWIPE
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?	YES
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190821/2121

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	SLF1467G
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOU SENG KAR
NRIC/Passport Number	S1427339E
Contact Number	97372070
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name: MUHAMMAD NUR IMAN BIN SAID

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH8140K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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.

 12 Sept 2019

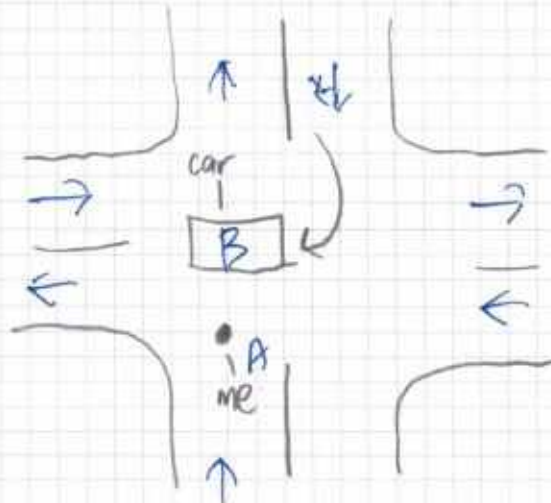
Policyholder's Signature
Date & Time:

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

 12/09/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

ALONG BUKIT BARU ROAD ALK 6



A) FAST 8160K
B) SLF14676

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ALL REFERR TO POLICE REPORT
7/20190821/5121

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

12/08/2019
[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190821/2121

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190821/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2019 17:50	Vide Report No.:	Station Diary No.: 97
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Informant's Particulars

Name of Informant: MUHAMMAD NUR IMAN BIN SAID			Address: APT BLK 234 ANG MO KIO AVENUE 3 #03-1138 SINGAPORE 560234		
ID Type / ID No.: NRIC NO / S9743570G			Contact No.: Home/Office: Mobile: 91020517		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 12/12/1997	Type of Informant: Rider		
Race: Javanese			Language: Malay		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/08/2019 06:50	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 BUKIT BATOK EAST AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBH8140K	Motorcycle	APRILIA	RS4 125 MANUAL	Black	Totally Damaged	0
SLF1467G					Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8140K	NTUC Income Insurance Co-Operative Limited	5091631761-01	04/10/2018	03/10/2019



SINGAPORE POLICE FORCE



T/20190821/2121

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20190821/2121

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD NUR IMAN BIN SAID	ID No.	S9743570G
Related Vehicle	FBH8140K (Motorcycle)	Contact No.	91020517
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	21/08/2019	Date Discharge	21/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KOU SENG KAR	ID No.	S1427339E
Related Vehicle	SLF1467G	Contact No.	97372070
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/08/2019 at about 0650hrs, I was riding my motorcycle; FBH8140K, Bukit Batok avenue 6 towards a T-junction on the first lane. As I was reaching the T-junction, I had the right-of-way as the traffic light was green. I then proceeded before suddenly, a car, SLF1467G, swerved from the right opposite direction and as I was unable to stop in time, my front collided with its left passenger side. I then dropped and rolled over. The car driver claimed that he did not notice that there was an accident, but he heard a noise. He then went to Bukit Batok East avenue 3 and that was when he noticed me. The driver then parked his car at the side, assisted me and provided his particulars. I was then attended by ambulance and sent to NUH. I was also given 3 days of MC from 21/08/2019 to 23/08/2019. I am also lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20190821/2121

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190821/2121

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:

F /

Sgt 3 MASHIDAYAT BIN MASZENI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/08/2019 17:50

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp

NP168



Singapore Police Force

SN 085

Claim Handling

Accident MT/1062193

Policy No.	5091631761-01	Vehicle No.	FBH6140K	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NUR IMAN BIN SAID			Policyholder NRIC	S9743570G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91020517	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
RTW	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	12/09/2019 17:48	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	21/08/2019	Time of Accident (hr:min)	06:50	Country of Accident	Singapore
Reporting Centre		Crash Force		ICM No.	
Accident Location	ALONG BUKIT BATOK EAST AVENUE 8				
Excess					
Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 234 #03-1138	Address 2	ANG MO KIO AVENUE 3	Address 3	KEBUN BARI/ PALM VIEW
Address 4	SINGAPORE 560234	Address Type	Singapore address	Post Code	560234
Unit No.		Related Policy Number	5091631761-01		
OT Driver Info					
Driver Name	MUHAMMAD NUR IMAN BIN SAID	Driver Type	Main Driver	Driver DOB	12/12/1997
Uninsured Driver Name		Driver NRIC	S9743570G	Driving Experience	3
Register Date of Driver License	23/04/2017	Driver Age	21	Contact No.(Office)	
Contact No.(Mobile)	91020517	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 234 #03-1138	Address 2	ANG MO KIO AVENUE 3	Address 3	KEBUN BARI/ PALM VIEW
Address 4	SINGAPORE 560234	Address Type	Singapore address	Post Code	560234
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBH6140K	Driver Employer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 [New](#)

Claim Type *	OG-MK	Insured Name	MUHAMMAD NUR IMAN BIN SAID	Insured NRIC	S9743570G
Contact No.(Mobile)	91020517	Contact No. (Office)		Contact No. (Home)	
Email Address		OT Vehicle Number	FBH6140K	Vehicle Number	SLF1967G
Claim Description	FBH6140K / SLF1967G ON 21 Aug 2019			Name of Preferred Workshop	
Preferred workshop		Insured Liability	Not at Fault		
SAFARI No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	12/09/2019 17:47
Report Taken By				Date Received	12/09/2019 00:00

Print Ack letter















[Save](#) [Submit](#)

Attachment

Accident No.	MT/1062193	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/09/2019 17:48
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676f NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Sep 2019 17:48	Photos	Normal	Photos 2019-9-12	
	NAC_BUKIT_MERAH_800676f NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Sep 2019 17:48	Photos	Normal	Photos 2019-9-12	
	NAC_BUKIT_MERAH_800676f NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Sep 2019 17:48	Photos	Normal	Photos 2019-9-12	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:48	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:48	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 17:47	SAS	Normal	SAS 2019-9-12
Video List				
Uploaded By/Date	Folder Path	File Name	Source	Action
		Display in New Window	Scan and uploading	

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="21/08/2019 17:51"/>
Vehicle No. (For Motor)	<input type="text" value="FBH8140K"/>	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 checked="" type="radio"/>	5091631761-01		MUHAMMAD NUR IMAN BIN SAID	S9743570G	GMC	Third Party	FBH8140K	FBH8140K	04/10/2018	03/10/2019