

# NATIONAL Assessment Centre Services.

Ref: J27051

MAJAY 19/70480

Date In: 27/12/2019 17:55	Job description	Date & Time Completed	Done by
Ref No: 1184/INC1902203/Y	SAS e-illing		
Veh No: FBG 2368 R	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 26/10/2019 18:45	I-Motor Claim Form	1181074515-002	27/12/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:16
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 8GP 799L	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time:	Accident:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$110)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpl Allowance \$3	
	* N6: Repair Coordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) against 1stG \$20	
	9) N12: Idea Mobile \$0	
	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	27/12/2019 17:55
Date Of Accident	26/10/2019 18:45
Exact Location Of Accident	T-JUNCTION OF SEMBAWANG AVENUE/SEMBAWANG DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2368R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED RAFEE S/O S A MAIDEEN BATCHA
NRIC No	SXXXX538F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92277294
Alternative Phone No	OTHERS-92277294

### Vehicle Particulars

Manufacturer	YAMAHA
Model	XT1200Z-1.2
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082703389-03
Cover Note Number	

### Driver

Name of Driver	MOHAMED RAIRULHAFIEZ BIN MOHAMED RAFEE
NRIC No	SXXXX566C
Date Of Birth	12/08/1992
Occupation	INDOOR
Date Of Driving Pass	17/09/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92277294
Fax Number	
Contact Number	OTHERS-92277294
E-Mail Address	NOEMAIL

Address BLK 2 MARSILING DRIVE  
#06-41  
Postcode 730002  
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 COLLISION - HEAD ON COLLISION  
Weather Conditions DRIZZLING  
Road Surface WET

#### 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) 2  
Passenger 1  
NAME: : NAFEEZA BEGUM BINTE MOHAMED RAFFI  
GENDER: : FEMALE

#### 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/20191105/2034

#### 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 SGP799L  
Vehicle Make/Model/Colour  
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 MOHAMED RAFEE S/O S A MAIDEEN BATCHA  
Approximate Age  
Injuries Sustain SERIOUS INJURY  
Injured person in which vehicle? FBG2368R  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NAFEEZA BEGUM BINTE MOHAMED RAFFI  
Approximate Age  
Injuries Sustain SERIOUS INJURY  
Injured person in which vehicle? FBG2368R  
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.

Policyholder's Signature  
Date & Time:

  
27/12/19

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

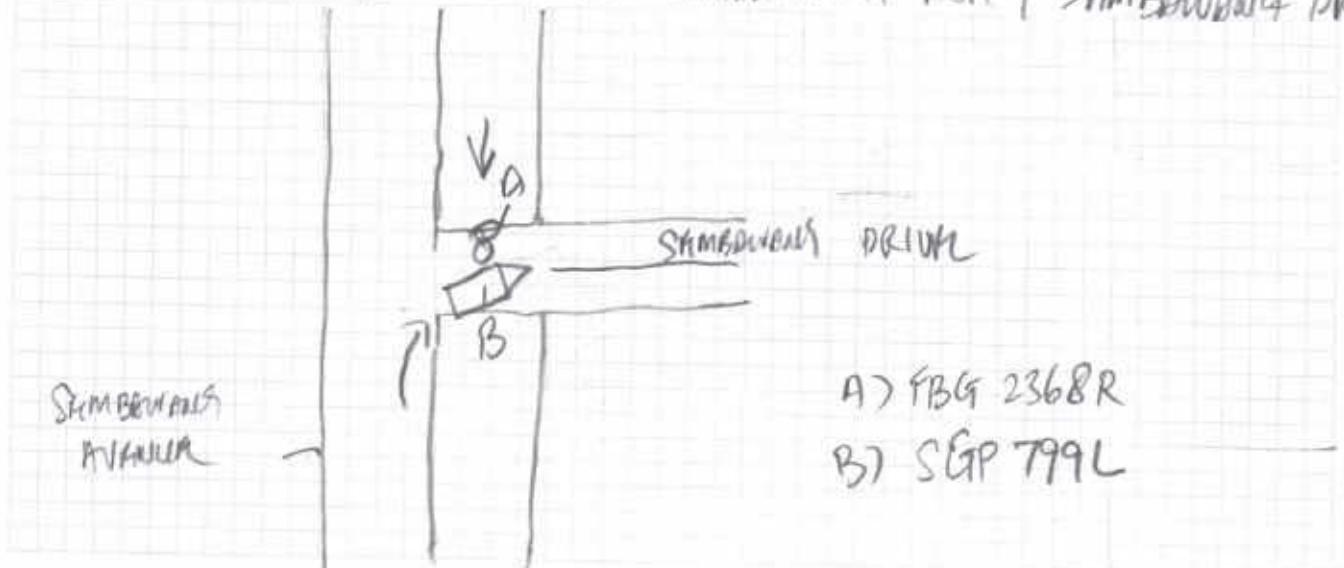
  
27/12/19

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

  
27/12/2019  
Name:   
NRIC/FIN No.: 

SKETCH PLAN

T- JUNCTION OF SIMBOWANG RD / SIMBOWANG DR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFAR to Police Report  
7/2019/105/2034

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:

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





# SINGAPORE POLICE FORCE



T/20191105/2034

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

1 of 3

Report No. T/20191105/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/11/2019 11:49		Vide Report No.: L/20191026/0133		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED RAIRULHAFIEZ BIN MOHAMED RAFFEE			Address: 2 MARSILING DRIVE #06-41 MARSILING SPRING SINGAPORE 730002		
ID Type / ID No.: NRIC NO / S9227566C			Contact No.: Home/Office: Mobile: 92277294		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 12/08/1992	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: PROJECT MANANGEMENT			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/10/2019 18:45	Type of Location:
Location: Along Road 1 SEMBAWANG ROAD  SEMBAWANG AVE X SEMBAWANG DR				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG2368R	Motorcycle	YAMAHA	XT1200Z			1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20191105/2034

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

2 of 3

Report No. T/20191105/2034

**CONTINUATION OF REPORT**

<b>Rider</b>				
Name	MOHAMED RAIRULHAFIEZ BIN MOHAMED RAFAE		ID No.	S9227566C
Related Vehicle	NIL		Contact No.	92277294
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2019		Date Discharge	29/10/2019
No. of Days granted Medical Leave	21		Degree of Injury	NIL
<b>Pillion</b>				
Name	NAFEEZA BEGUM BINTE MOHAMED RAFFI		ID No.	S9635307C
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2019		Date Discharge	01/11/2019
No. of Days granted Medical Leave	16		Degree of Injury	NIL

**Brief Details.**

**ON STATED DATE TIME AND LOCATION**

I WAS TRAVELLING ALONG SEMBAWANG AVE .UPON REACHING THE JUNCTION I SAW THERE IS A CAR ON THE OPPOSITE SIDE WAS ENTERING THE POCKET TO TURN RIGHT. I WAS ON THE WHITE LINE WHEN THE TRAFFIC LIGHTS TURN AMBER THEN THE CAR IMMEDIATELY ACCELERATE. I DID NOT MANAGE TO APPLY BRAKE IN TIME AND HIT ONTO THE CAR.





**SINGAPORE  
POLICE FORCE**



T/20191105/2034

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

3 of 3

Report No: T/20191105/2034

**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:  
TP /  
MUHAMMAD SYUKRI BIN ZAINI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN  
Contact No.: 65476206

Signature Of Informant:

Date/Time:  
05/11/2019 11:49

Classification Of Case:

Authentication Stamp  
NP168

*5/11*

## Claim Handling

Accident MT/1074579

Exit

Policy No.	5582702389-02	Vehicle No.	FBG238BK	GST Registration No.	
Certificate No.					
Policyholder Name	MOMARID RAFFEE S/D S A MAIDEEN BATCHE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	5582702389
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	93496205	Special Remark		Contact No. (Home)	
Email Address		TCA	0 NA 100	eCode	No *
ORF	0 NA 100	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date	06/12/2019 10:08	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	26/10/2019	Time of Accident (H:M:S)	13:45	Country of Accident	Singapore
Reporting Centre		Orange Panel		ICM No.	
Accident Location	T-JUNCTION OF SEMBAWANG AVE TO SEMBAWANG DRIVE				

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			

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Address 1	BLK 2 #01-41	Address 2	MARSHLING GROVE	Address 3	MARSHLING SPRING
Address 4	SINGAPORE 730002	Address Type	Singapore address	Post Code	730002
Unit No.	06-41	Related Policy Number	5582702389-03		

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Office)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	00-MR	Insured Name	MOMARID RAFFEE S/D S A MAIDEEN	Insured NRIC	5582702389
Contact No. (Mobile)	93496205	Contact No.	94024288	Contact No. (Office)	
Email Address	rafee@tongphilly.com	Vehicle Number	FBG238BK	TP Vehicle Number	SGP7891
Claim Description	FBG238BK / SGP790L ON 26 Oct 2019				
Preferred Workshop	Insured Library	Not at Fault		Name of Preferred Workshop	
Passport No.		Repair Option	Preferred Workshop, Name unknown	SGA report	Received
Date Registered				Claim Close Date	27/12/2019 18:15
Report Taken By				Date Received	27/12/2019 00:00

Add 48 letter

Save Submit

Attachment	
Accident No.	MT/1074579
Last Doc. Received	Yes No
Claim No.	002
Upload Date	27/12/2019 18:16
Path *	
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Message Read	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:16	Photos	Normal	Photos 2019-12-27		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:16	Photos	Normal	Photos 2019-12-27		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:16	Photos	Normal	Photos 2019-12-27		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:16	Photos	Normal	Photos 2019-12-27		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:16	Photos	Normal	Photos 2019-12-27		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:16	Photos	Normal	Photos 2019-12-27		<a href="#">Edit</a>



12/27/2019

## Claim Handling( Claim Task )

	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	Photos		Normal	Photos 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	Photos		Normal	Photos 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	Photos		Normal	Photos 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	Photos		Normal	Photos 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	Photos		Normal	Photos 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	Photos		Normal	Photos 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	Photos		Normal	Photos 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	Photos		Normal	Photos 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	Photos		Normal	Photos 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	Photos		Normal	Photos 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-27	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:13	SAS		Normal	SAS 2019-12-27	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Name	File Name	Source	Action
<a href="#">Display in new window</a> <a href="#">Scan and uploading</a>				

Hello, NAC\_BUKIT\_MERAH\_800676

My Desktop

Notice of Loss

[Change Language](#) [Change Password](#) [Log Out](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/10/2018 10:42"/>							
Vehicle No. (For Motor)	<input type="text" value="PBG2368R"/>	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"/>	50K2703329-02		MOHAMMED RAFFEE B/O S A MADDEEN SATCHAI	56807536P	GMC	Third Party, Fire & Theft	PBG2368R	PBG2368R	27/10/2018	26/10/2019
				<input type="button" value="Continue"/>						