MATIMALI Laurence	이 사람님 아이지 않아야 할 때 이 사람은 아이를 살고 있는 것이다. 그 살아야?			
NATIONAL Assessment Centre	e Services, white services	MNH42012	70	
Dute In: 28/01/2000 19/00.	Jeb description	Date &Time Com	pleted . Don	e by
Rel No. 1/14 / 1/2001507/V	SAS e-filling	1		
Veh No. SII Sessi	E-mall (bjdla the, AlC the) 1 - 0 -	0	1 /-
0.01 2401/2020 18:20	I-Motor Claim Form	Moster	f 901 28	101/2024
	I-Motor W/O (Wildle: OD	2hrs, TP (hrs)	19.	//
OD Th! Repeting Only	I-Photo Uploaded			1,
	Assessment/Survey Repu			
TP Insurer:	And the same of th			
Proformed Wkep fine Assign Wicep / QW: (Ass't Report by Pax/Ha	Tol:	Fext)
The state of the s	10 2990V N	C()/Non-INC(7	
Owner / Driver: (D SUDJ	Tel:	,)	
	riod: () Cover Type: ()	
Confirmed by (Dater.	Timer)	
	Note-Est Status (WO): N:	0-20%; P: 21-79%.	P: 80-100%]	
	Warranty: YES ()/NO			
Execss: (\$ ') Loading: \$1,0				paperajer s.zo.
TO CHEMICAL PROPERTY OF THE PR		33478787878787878	111111111111111111111111111111111111111	<u> </u>
() Walle-In Customar : Customer's Info	rmation strictly Confidential	& Sulcuy NO refer of n	apalier.	
() Total Less Case to e-mail Yasure	er URCENTLY,	1, , 5	-,	
Drive-in ()/Towed-in (); Invoice	si VES() / NO()	Towing Cor (de Lancinos especialistas	AND THE PARTY OF T
			10.15 No. 15 No.	NB)by · ·
	Courtesy Car ()	<u>'</u>		
2) QC Check / Post Report Inspection	(·)			
3) Upload Resurvey Photo [Repair Cost>\$	3000] () ;		<u></u>	
		· · · · · · · · · · · · · · · · · · ·		-
Injury:	· PERSONALION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR			Market Market Street
22 class 0.02 (232 s.05 s.85 s.25 s.25 s.25 s.25 s.25 s.25 s.25 s.2		NOON CONTENT FATE ON COME A TON SOME A LANGUAGE	E G. S. E. C. L. L. C.	
	•			
				Ny kamana i
NA2901068				(S) (Same(s)
NA2901068	TO DA DE	aldent Reporting (\$30);	100 (210)	O Ayanota) .
MH100100X	DAID.	wing Fee	\$110	MA two (Iphi
MANON COX	3) TV 1 To 4) PT 1 Yo	mure Assessment (5100); wing Pee low-Through Busyey	\$40/\$45 \$110 •y) \$30 10 Jan 2000}	My Madiphi
MM 200 (OX) Suppose of the contract No:	3) TVITO () PTIVO 5) PTIVO Paralal	maye Assessment (5100); wing Pee low-Timos (h Busvey low-Timos (h Busvey) (Reserv phik assinst INO Only (Nestfatneolon	\$170 2407242	O V STADIOLES) .
MH 290/200X Striver/Owner: Contract No:	3) TV1To () VT1Vo 3) TV1To () VT1Vo () TR1Ro () TR1Ro	maye Assessment (5100); wing Pee low-Through Busvey low-Through Busvey (Resurv phikasalnel ING Only (Oxac -faspeolon to DA + SMRT Survey	\$40/545 \$110 •y) \$300 10 Jin 2000}	W Yadi(bhi
APPOROX Contract No: Darmaged Portion:	3) DAID- 3) TVITO- 4) VTIVO- 5) VTIVO- Vorshi 0) TRIRO- 7) NII III- 1) NTUC-	maye Assessment (5100); wing Pee low-Through Busvey low-Through Busvey (Resurv phik assination ING Only Oxel -faspsolion up DA + SMRT Survey Additional Survivas:	\$40/\$45 \$1120 \$7) \$300 10 Jin 2000} \$73 \$73	O Volumo(3)
AP 290 (2008) Contract No: Darriaged Portion:	DAID-	maye Assessment (5100); wing Pee low-Through Busvey low-Through Busvey (Resurv phicassinal ING Only Oxel -laspsolion to DA + SMRT Survey Additional Services: surlesy Carl Tpi Allowance	\$40/\$45 \$120 \$7) \$300 10 Jin 2000} \$75 \$160 \$31 \$31 \$32	SS (STADIOLES)
AP) 40 (A)	3) DA I DA	maye Assessment (\$100); wing Pee low-Through Busyey low-Through Busyey (Reserve phic as last INIC Only (We) -laspeollon to DA + SMRT Survey Adultional Services:- auriosy Carl Tpl Allowance agair Co-ordination out Repair Inspection	\$40/\$43 \$120 \$7) \$300 10 Jen 2000} \$75 \$160 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	W (Value)
MA200/008 Driver/Owner: Contact No: Darmaged Portion: CG Checked by (Engr-In-Charge):	3) DAID. 3) TPITO. 4) PTIFO. 5) PTIFO. Paralal 6) TRIRG. 7) NIII. 1) hTUC. 9) M. 1 NSIC. 1 NSI	wing Pee low-Through Survey low-Through Survey low-Through Survey (Resurv phit at a last INC Only (Nat) - Impedion up DA + SMRT Survey Additional Survices: - auriory Cer / Tpi Allowence up air Ce-nationalion out Repeir Inspection V / Collect Excess Coordinat (I) TP (Ren INC) equinates des Mobiles	\$40/\$43 \$120 \$7) \$300 10 Jen 2000} \$75 \$160 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	MANAGE PARTIES AND

. ...

12/2

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 witholding 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.
- 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.
 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

	ACCIDENT STATEMENT			
Date Of Report	28/01/2020 19:00			
Date Of Accident	24/01/2020 18:20			
Exact Location Of Accident	BLK 93 TELOK BLANGAH STREET 31 MSCP			
Country/State of Loss	SINGAPORE			
CONTRACTOR AND SOME OF	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLL8399S			
Insured/Policyholder				
Name Of Registered Owner	WONG ZHONG HAO, JASPER (HUANG ZHONGHAO, JASPER)			
NRIC No	SXXXX117F			
Email Address	JASPER.WONG1981@GMAIL.COM			
Mobile Phone No (LOCAL) +65-96206662				

OTHERS-96206662

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA VELLFIRE Model Exact Purpose for which vehicle was being used at PARKING time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5115599173

Cover Note Number

Driver

Name of Driver WONG ZHONG HAO, JASPER (HUANG ZHONGHAO, JASPER)

NRIC No SXXXX117F Date Of Birth 06/08/1981 Occupation INDOOR Date Of Driving Pass 19/06/2007

Driving Experience 12 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96206662

Contact Number OTHERS-96206662

JASPER.WONG1981@GMAIL.COM EMail Address

Address

BLK 93B TELOK BLANGAH STREET 31

#17-177

Postcode

102093

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 PARKED VEHICLE

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)

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

SMD3990Y

Vehicle Make/Model/Colour **Details Of Properties**

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

98372077

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
 - 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:
 - 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: 28/01/

3'-20PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

GIARMI, SketzhPlanForm, V3

	TA-
A) SCL 8399 S	/ A /
B) SMD 3990Y	10

DESCRIBE CIRC	UMSTANCES OF	THE ACCIDENT				
VAS F HIZ A WAS	24/01/2 REVARSING CAR SA F SUGHT	020 A7 A MY CAR 10 39904 DAMAGK	SUS AT 7Ah OULY	8:00 Hes 3998 I PASSANGE	WHICH ACCIDANT OF DODR	7 Aug

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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's S

AGCIDENT STATEMENT

	OCATION: 93 TELK PAISOL ST	18 00
Ļ	OCATION: 93 TELOK Blongah Sti	MY), TIME: (10: 120) (HH:MM)
	1. DETAILS OF VEHICLE	æ131
	OVEHICLE NUMBER C// ROOM C	
	TIME COMPANY ATT	
**	OI OUCI NUMBER	
39	DIPOUCY TYPE: (COMPREHENSIVE / THIRD POWER & MODEL) TOKOTA LIEUF!	ARTY / THIRD PARTY FIRE STHEFT
0	DITTPE: (SALOON / COUPE / CPYYYAN / LOI B) VEHICLE CATEGORY (PRIVATE) COMMER	SRY / MOTOROVOLE / OFFICE
	D) VEHICLE CATEGORY (PRIVATE) COMMER 17) PURPOSE OF USING AT ACCIDENT TIME:	CONTROL OF THE PORT OF THE POR
40	TO CLAMING INDERVOIS	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING DILY
	A) NAME: WONG GOONG HAD JA	SPER
		CONTACTI 9620662
4	Telor Bargas	13/ #17-17
4 He of parran	* CONTINUE TO SIGHT DRIVER ALSO POUCY !	HOLDER
. Cludading del	2/10/11/2	
CLO	OTHING/PIN/PASSPORTI	(MALE / FEMALE)
1778	The second secon	
	"d) DATE OF BIRTH: (_66, 68) /98/1(00	MANAYYYY)
	DESTREAMENT DATE TO THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P	2007
	TI WAS DRIVER AN EMPLOYED OF THE THE	RED'S COMPANY? (YES SO)
•	5. DIWEATHER CONDITION (CLEAR / PAINING	TH INSURED! WALKER
v.	CONTRACTOR AND AND AND AND ADDRESS OF A PARTY OF A PART	OTHERS
•	7. DIREPORTED TO BOLIDE IVES	A STATE OF THE PARTY OF THE PAR
	IF TES. PIFASE STATE WELLOLARD HOR BY	V
Mar of passing e	8. THIRD PARTY VEHICLE WHICHERISTATION	/ 1100-11
Cludwiding delvi	(i) OF ORIVER'S NAME!	model.
(······)	9. THIRO PARTY VEHICLE	CONTACTIONS
A No of passave	A) VEHICLE NUMBER:	MODELL
(larelunding deli	ORIVER'S NAME: NRICYFIN/PASSPORT!	COLINA
()	0 .	CONTACTION .

email: josper-wong 1981@gmail.com.

Claim Handling The premium on this policy has not been collected. Accident MT/1081878 Vehicle No. SLL83995 GST Registrati Policy No. 5115599173 Certificate No. Policyholder NI Policyholder Name WONG ZHONG HAO PRIVATE CAR INSURANCE Loading Cover Type drivo CLASSIC Product Code 96206662 Contact No.(Office) Contact No.[Hr Contact No.(Mobile) Special Remark Email Address No Yes TCA No Yes eCode Reason Private Hire NCD Protection No NCD Entitlement(%) 50 Accident Report Within 24 hrs Yes Accident Type Report Date 28/01/2020 19:06 Country of Acc Date of Accident 24/01/2020 Time of Accident hh:mm 18:20 ICM No. Reporting Centre Orange Force BLK 93 TELOK BLANGAH STREET 31 MSCP Accident Location ▼ Total Excess Applicable 100.00 Excess Type Per Accident Windscreen Excess OD Standard Excess 600,00 TP Standard Excess 0.00 Driver is Cover YIED TP Excess 0.00 YIED OD Excess 0.00 Additional Excess 0.00 Total OD Excess Applicable Total TP Excess Applicable 600.00 GST Registration Date **GST** Registered No GST Status Verified GST Registration No. Yes Modification History Policyholder Mailing Address Address 3 SINGAPORE 418145 10 JALAN SENYUM Address 2 Singapore address Post Code Address 4 5115599173 Related Policy Number OI Driver Info Main Driver WONG ZHONG HAO JASPER Driver Type Driver Name Driver NRIC S8123117F Driver DOB Unnamed driver Name Driving Experis Driver Age 38 Register Date of Driver License 19/06/2007 Contact No.(Hr Contact No.(Mobile) 96206662 Contact No.(Office) Address 2 SINGAPORE 418145 Address 3 10 JALAN SENYUM Address 1 Post Code Address Type Singapore address Address 4 Unit No. Driver Insurer Does he own a Singapore Registered car? Driver Vehicle No. SLL83995 Yes . No Declaration Breathalyser or Blood Test Reading? Any injury? Yes + No 0 ma Modification History Claim 001 New OD-MX Claim Type * Contact No. (Home) 96206662 NIL Contact No.(Mobile) OI Vehicle Number 5LL Email Address SLL8399S / SMD8399S ON 24 Jan 2020 Claim Description

Preferred Workshop Bentiet No. Finalisation Date Registered

Preferered Liability Fully at Fault Preferred Workshop, Name unknown

GIA Received

Claim Close Date 28/01/2020 19:11 ROSLI WAHAB

Print AK letter

Report Taken By

P C

Video List

Uploaded By/Date

1/28/2020 Save Submit Attachment Claim No. 001 MT/1081878 Accident No. Upload Date 28/01/2020 19:11 Last Doc. Received · Yes No Category * Path * ▼ NO Choose File No file chosen Clear Please Select Y NO Choose File No file chosen Clear Please Select * NO Choose File No file chosen Clear Please Select Y NO Choose File No file chosen Clear Please Select * NO Choose File No file chosen Clear Please Select T NO Please Select Choose File No file chosen Clear Message Read Category Urgency Attachment Uploaded By/Date NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11 Photos Normal Ph NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11 Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11 Normal Photos NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11 Ph Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11 Photos Normal Ph NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11 NRIC/ Driving License

Display in New Window Scan and uploading

File Name

SAS

Normal

Normal

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:11

Folder Date

NRIC/ Driv

P

5



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115599173

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

SLL83995 : ANH208337329

Chassis Number

: WONG ZHONG HAO

2. Name of Policyholder

3. Effective Date of Insurance

: 17 Jan 2020

4. Expiry Date of Insurance

: 23 Jan 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

\$\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : PLEASE REFER OVERLEAF : NO : YES : NO : NO

TRANSPORT ALLOWANCE **EXCESS WAIVER**

: NO : WONG ZHONG HAO JASPER

PRIMARY DRIVER NAMED DRIVER (1)

INSURE WITH COE

NCD PROTECTION

: N/A : N/A

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: MY INSURANCE AGENCY PTE. LTD. (00000573772)

Date of Issue

: 17 Jan 2020 15:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech									GeneralClaim		
Hello, NAC_BUKIT_MERAH_800676							e Languag	e • Char	ge Password	manuscriptures.	
"My Desktop Notice of Loss	Poli	cy Query									
	Policy N	No.	51155	99173		Date	of Accident		24/01/2020	15:27	
	Vehicle No.(For Motor)		SLL83	SLL8399S		Certificate Number		2.10.1/2020 10.21			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115599173		WONG ZHONG HAO	S8123117F	GPC	drivo CLASSIC	SLL8399S		17/01/2020	23/01/2021
						Continue					