





## 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	21/04/2020 16:52
Date Of Accident	26/02/2020 23:35
Exact Location Of Accident	ALONG JURONG WEST STREET 71
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ6925R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YONG KEONG
NRIC No	SXXXX827D
Email Address	YONGKEONG91@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93378521
Alternative Phone No	OTHERS-93378521

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA LX-155CC I.E. 3V
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	5106692009
Cover Note Number	

### Driver

Name of Driver	LIM YONG KEONG
NRIC No	SXXXX827D
Date Of Birth	18/08/1991
Occupation	INDOOR
Date Of Driving Pass	27/12/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93378521
Fax Number	
Contact Number	OTHERS-93378521
Email Address	YONGKEONG91@GMAIL.COM

Address	BLK 265 BOON LAY DRIVE #09-611
Postcode	640265
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	COLLISION - MAJOR/MINOR RD
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	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/20200227/7012

#### 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	SJE7016P
Vehicle Make/Model/Colour	HONDA STREAM
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

LIM YONG KEONG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBJ6925R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

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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: 21/04/2020  
16:35 PM

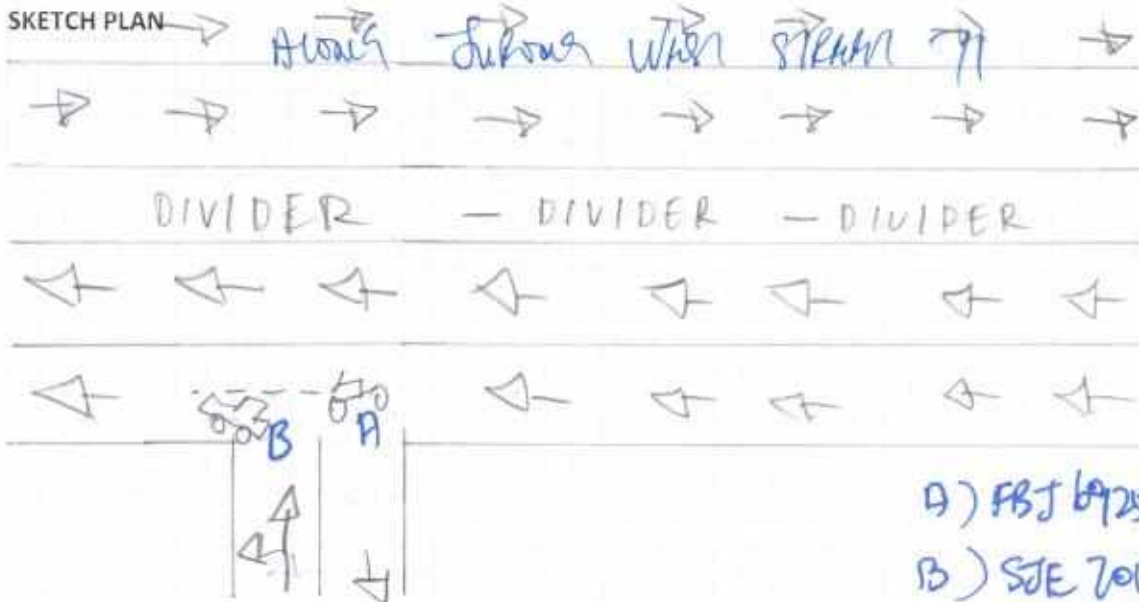
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

SKETCH PLAN →



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT  
T/20200227/2012

DECLARATION

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

Policyholder's Signature  
Date & Time: 21/04/2020  
16:35 PM

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

Reporting Centre Personnel's Signature  
Name: 21/04/2020  
NRIC/FIN No.: ROSA, LIAHAB

# ACCIDENT STATEMENT

ACCIDENT DATE: 26/02/2020 (DD/MM/YYYY), TIME: 23:35 (HH:MM)

LOCATION: JUPONG WEST ST 71 TOWARDS JUPONG WEST AVE 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ6925R  
b) INSURANCE COMPANY: MTU / NCOME  
c) POLICY NUMBER: 5106692009  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: PIAGGIO VESPA LX 150 IE 3V  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
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 YONG KEONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 59130827D CONTACT:  
c) ADDRESS: BLK 265 BOON LAY DRIVE #09-611 S(640285)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AS ABDOU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* d) DATE OF BIRTH: 18/08/1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 27/12/2018

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5JE7016P MODEL: HONDA STREAM  
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:

email = Yongkeong91@gmail.com

VIDEO





# SINGAPORE POLICE FORCE



T/20200227/7012

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

1 of 3

Report No. T/20200227/7012

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2020 12:47		Vide Report No.: J/20200226/0179		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM YONG KEONG			Address: APT BLK 265 BOON LAY DRIVE #09-611 SINGAPORE 640265		
ID Type / ID No.: NRIC NO / S9130827D			Contact No.: Home/Office: Mobile: 93378521		
Nationality: SINGAPORE CITIZEN			Email: yongkeong91@gmail.com		
Sex: Male	Age: 28	Date of Birth: 18/08/1991	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 2B,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2020 23:35	Type of Location: Straight Road
Location:  JURONG WEST STREET 71				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
FBJ6925R	Motorcycle	PIAGGIO	VESPA LX 150 I.E. 3V	Red		0
SJE7016P	Car	HONDA	Stream	Blue	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ6925R	NTUC Income Insurance Co-Operative Limited	5106692009	28/12/2018	15/03/2020





**SINGAPORE  
POLICE FORCE**



T/20200227/7012

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

2 of 3

Report No. T/20200227/7012

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LIM YONG KEONG	ID No.	S9130827D
Related Vehicle	FBJ6925R (Motorcycle)	Contact No.	93378521
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/02/2020	Date Discharge	27/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 26 February 2020 at 11:35PM, I was traveling on Jurong West St 71 going home on my motorbike FBJ6925R. After I made a right turn from Jurong West Ave 5 to Jurong West St 71, I saw a car SJE7016P exiting the HDB Carpark (J74). As I saw that the car was slowly coming to a stop before joining the road, I proceeded straight. I was traveling on Lane 2. At this point the car has made a complete stop. However as I was approaching the junction, the car has suddenly moved off. I horned at the car and applied my brakes but was unfortunately hit by the car. Thereafter, I skidded and fell off my motorbike. Some of the passersby attended to me and called an ambulance for me. My friends had turned back for me as well. I was later on conveyed to Ng Teng Fong Hospital for assessment and treatment.



**SINGAPORE  
POLICE FORCE**



T/20200227/7012

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

3 of 3

Report No. T/20200227/7012

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
27/02/2020 12:47

Classification Of Case:



## Claim Handling

Accident MT/1091688

Policy No.	510682009	Vehicle No.	FB06925R	GST Registration No.	
Certificate No.					
Policyholder Name	LIM YONG KEONG				
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Policyholder NRIC	99130827D
Contact No. (Mobile)	93378521	Contact No. (Office)		Loading	0
Email Address	yongkeong91@gmail.com	Special Remarks		Contact No. (Home)	
OTK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
▼ Accident Details		Private Hire	No		
Report Date	21/04/2020 18:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	06/02/2020	Time of Accident (H:mm)	13:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JURONG WEST STREET 71				
▼ 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 Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 265 #09-011	Address 2	BOON LAY DRIVE	Address 3	BOON LAY CREST
Address 4	SINGAPORE 640205	Address Type	Singapore address	Post Code	640205
Unit No.	#09-011	Related Policy Number	510682009-01		
▼ Q1 Driver Info					
Driver Name	LIM YONG KEONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	99130827D	Driver DOB	16/08/1991
Register Date of Driver License	01/01/2018	Driver Age	28	Driving Experience	2
Contact No. (Mobile)	93378521	Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 265 #09-011	Address 2	BOON LAY DRIVE	Address 3	BOON LAY CREST
Address 4	SINGAPORE 640205	Address Type	Singapore address	Post Code	640205
Unit No.	#09-011				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	FB06925R	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 001 OD-MX

NEW

Claim Type *	OD-MX	Insured Name	LIM YONG KEONG	Insured NRIC	99130827D
Contact No. (Mobile)	93378521	Contact No. (Home)		Contact No. (Office)	
Email Address	YONGKEONG91@GMAIL.COM	OT Vehicle Number	FB06925R	TP Vehicle Number	EJ2701AP
Claim Description	FB06925R / SJ2701AP ON 26 Feb 2020				
Preferred Workshop	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Injured Vehicle	Preferred Workshop, Name unknown		
Date Registered		Insured Repair Option	<input type="checkbox"/> Standard <input checked="" type="checkbox"/> Preferred	CIA report	<input type="checkbox"/> Received <input checked="" type="checkbox"/>
Report Taken By		Claim Close Date	21/04/2020 17:32	Date Accepted	21/04/2020 01
		Workshop Reparer	ROSLE NAWAR	Total Loss But Repaired	
<input checked="" type="checkbox"/> Print Air letter					

Save Submit

## Attachment

Accident No.	MT/1091688	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	21/04/2020 17:28
<div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Message Read</div> </div> <div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> </div>			
<div> <div>Attachment</div> <div>Uploaded By/Date</div> <div>Category</div> <div>Urgency</div> <div>Description</div> <div>Msg Sent (CO)</div> </div> <div> <div>NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Apr 2020 17:28</div> <div>NRIC/ Driving License</div> <div>Y</div> <div>Normal</div> <div>NRIC/ Driving License 2020-4-21</div> <div></div> </div> <div> <div>NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Apr 2020 17:28</div> <div>SAS</div> <div></div> <div>Normal</div> <div>SAS 2020-4-21</div> <div></div> </div>			
Attachment List			



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Apr 2020 17:10	Photos	Normal	Photos 2020-4-21
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Apr 2020 17:08	Photos	Normal	Photos 2020-4-21

Video List

Uploaded By/Date	Folder Date	File Name	Source
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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.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5106692009		LIM YONG KEONG	S9130827D	GMC	Third Party	FBJ6925R	FBJ6925R	28/12/2018	15/03/2020