

NATIONAL Assessment Centre Services.

part 1 (drive) **MAA50092468**

Date In: 22/10/2020 11:15	Job description	Date & Time Completed	Done by
Ref No: NBA/INC000/151814	SAS e-illing		
Veh No: SM7 4691U	E-mail (by date time, AIO time)		
O.O.A: 21/10/2020 14:15	1-Motor Claims Form	21/10/2020	17:08
(1) TP Reporting Only	1-Motor W/O (Within 60 days, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whiz		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJD 7255X	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: YRS (	/NO (
Excess: (\$	Loading: \$1,000 (

() 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: YRS () / NO () ; Towing Co: (

1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo (Repair Cost > \$9000) ()

Injury: ()
()
()
()

NA2005625	Driver/Owner:	1) All Accident Reporting (330)	INC (310)
Contact No:	2) DA / Damage Assessment (\$100)	310	
Damage Portion:	3) EVI Towing Fee	\$110	
QC Checked by (Engr-In-Charge):	4) PT Follow-Through Survey	\$30	
	5) PT Follow-Through Survey (Resurvey)	\$30	
	6) TIR Inspection	\$160	
	7) NI / DA + EMRT Survey		
	8) NTUC Additional Services		
	9) NI / DA + EMRT Survey		
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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	22/10/2020 11:15
Date Of Accident	21/10/2020 14:15
Exact Location Of Accident	BACK LANE OF BUSSORAH STREET(285 BEACH ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4691U
Insured/Policyholder	
Name Of Registered Owner	MD SHAMSUR RAHMAN
NRIC No	SXXXX261D
Email Address	MRS PHILIP@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90681272
Alternative Phone No	OTHERS-90681272

Vehicle Particulars

Manufacturer	TOYOTA
Model	LAND CRUISER PRADO-2.8 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117876333
Cover Note Number	

Driver

Name of Driver	MD SHAMSUR RAHMAN
NRIC No	SXXXX261D
Date Of Birth	13/07/1969
Occupation	INDOOR
Date Of Driving Pass	22/01/1999
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90681272
Fax Number	
Contact Number	OTHERS-90681272

Address	13 ST. ANNE'S WOOD
Postcode	545259
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : SHAYAAN ZARIF RAHMAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201021/2131

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD7255X
Vehicle Make/Model/Colour	PICANTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


IMPORTANT NOTICE

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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:

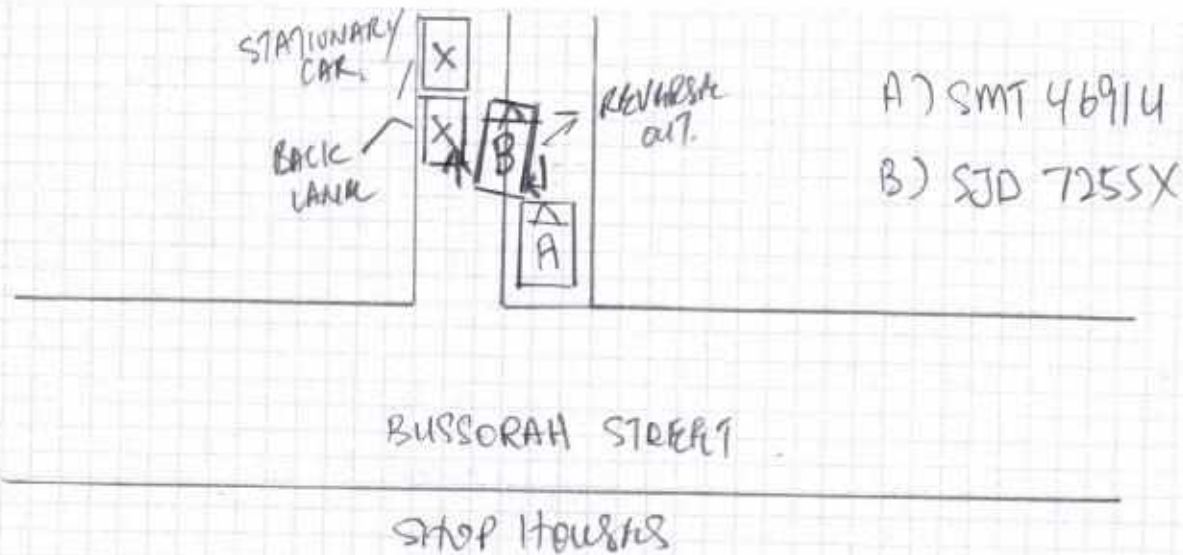
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 22/10/20
Policyholder's Signature
Date & Time: 11:20 am


Driver's Signature
(If driver is not the policyholder)
Date & Time:
22/10/20 - at 11:20 am.

 28/10/2020
Reporting Centre Personnel's Signature
Name: Keshi Winton
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 1/2020/1021/2131

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

27/10/20 at 11:20 am

[Signature]

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

27/10/20 at 11:20 am.

[Signature] 27/10/2020
Reporting Centre Personnel's Signature
Name: Rosli Wanjari
NRIC/FIN No.:

Date of Accident : 21/10/2020 Accident Time: 2:16pm (24-HR-Format)
Accident Place : BACK LANE OF BUSSORAH STREET. (285-BEACH ROAD)
Vehicle Reg. No. (Car Plate No.) : SMT469IU
Vehicle Make/Model : TOYOTA PRADO LAND CRUISER
Insurance Company : NTUC Policy No. _____
Owner or Company Name /IC No. : MD SHAMSUR RAHMAN / S696026 ID
Owner or Company Contact No. : 69693506 Owner's Hp 90681272 Company Tel _____
DRIVER'S Name / IC No. : MD SHAMSUR RAHMAN / S696026 ID.
DRIVER'S Date Of Birth : 13/07/1969 DRIVER'S License Pass Date 22/01/1999.
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 13 ST. ANNE'S WOOD. S (545259).
DRIVER'S Contact No / Alt No. : 1) 90681272 2) 94871101.
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : msrphilip@yahoo.com.
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02 (Shayaan Zarif Rahman).
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJD 7255X
Vehicle Make/Model: PICANTO 1.1 (A)
Name Driver: 82388148
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20201021/2131

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20201021/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2020 21:49		Vide Report No.:		Station Diary No.: 105	
Informant's Particulars					
Name of Informant: MD SHAMSUR RAHMAN			Address: 13 ST. ANNE'S WOOD SINGAPORE 545259		
ID Type / ID No.: NRIC NO / S6960261D			Contact No.: Home/Office: Mobile: 90681272		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 13/07/1969	Type of Informant: Driver		
Race: Bengali		Language:		Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2020 14:15	Type of Location: Straight Road
Location: BUSSORAH STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Rear to Head				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD7255X	Car	KIA	PICANTO 1.1(A)		Slightly Damaged	0
SMT4691U	Car	TOYOTA	LAND CRUISER PRADO 2.8TX-L	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201021/2131

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 4

Report No. T/20201021/2131

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT4691U	NTUC Income Insurance Co-Operative Limited	5117876333	17/06/2020	16/06/2021

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	MD SHAMSUR RAHMAN	ID No.	S6960261D
Related Vehicle	SMT4691U (Car)	Contact No.	90681272
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 21/10/2020 at about 1416hrs, I was driving one pearl white coloured Toyota Land Cruiser Prado car with bearing registration number SMT4691U consisting of one passenger seated on the front passenger seat, travelling along Bussorah Street.

After I turned right to the service road (1 lane, 2 way) towards Sultan Gate, there was a grey coloured Kia Picanto with bearing registration number SJD7255X stop stationary in the middle of the lane divider. There were also about 2 cars seen parking along at the side of said lane ahead of the Kia Picanto.

Suddenly, the said car started to reverse. I could not able to avoid, as such, I horned. However, the said car continued and collide to my vehicle's front left portion.

Both me and the Chinese lady driver (Goh) alighted to make a check and I discovered dent marks on my vehicle's front left bumper due to the collision.

I then told the said lady driver to park at the side to settle the matter amicably without causing any obstruction to other road users.

As I boarded my vehicle, the said lady driver did not follow my instruction, thus, drove off quickly. I then started to give chase and horn her to stop.

Subsequently, I manage to stop her along Aliwal Street.

While was settling the matter, the said lady driver refused to exchange particulars.

I then called for the Police who advised to lodge a report.



**SINGAPORE
POLICE FORCE**



T/20201021/2131

3 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20201021/2131

CONTINUATION OF REPORT

I wish to state that no one was injured.

There was an in-car camera installed in my vehicle, however, I am unsure to operate the SD card at the moment. However, I had a video of the whole conversation with the lady driver.



**SINGAPORE
POLICE FORCE**



T/20201021/2131

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No. T/20201021/2131

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 MOHAMAD ADAM BIN ROSLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2020 21:49
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 085
Authentication Stamp NP168	Signature:  Singapore Police Force

Claim Handling

Accident MT/1107407

Policy No.	5117876333	Vehicle No.	SMT4691U	GST Registration No.
Certificate No.				
Policyholder Name	MD SHAMSUR RAHMAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	90681272	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	22/10/2020 11:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/10/2020	Time of Accident hh:mm	14:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BACK LANE OF BUSSORAH STREET(285 BEACH ROAD)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	13 ST. ANNE'S WOOD	Address 2	SINGAPORE 545259	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5117876333	

▼ OI Driver Info

Driver Name	MD SHAMSUR RAHMAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	56960261D	Driver DOB
Register Date of Driver License	22/01/1999	Driver Age	51	Driving Experience
Contact No.(Mobile)	90681272	Contact No.(Office)		Contact No.(Home)
Address 1	13 ST. ANNE'S WOOD	Address 2	SINGAPORE 545259	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMT4691U	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MD SHAM
Contact No.(Mobile)	90681272	Contact No. (Home)	
Email Address		OI Vehicle Number	SMT4691
Claim Description	SMT4691U / SJD7255X ON 21 Oct 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Workshop, Name unknown	
Date Registered	22/10/2020 12:06	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Save

Submit

Attachment

Accident No. MT/1107402 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 22/10/2020 12:08

Path *

Category *

Confidential

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO


Please Select

NO

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 12:08	SAS	Normal	SAS 20f

Video List

Uploaded By/Date

Folder Date

File Name



Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/10/2020 12:10"/>							
Vehicle No.(For Motor)	<input type="text" value="SMT4691U"/>	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"/>	5117876333		MD SHAMSUR RAHMAN	56960261D	GPC	drive PREMIUM	SMT4691U	SMT4691U	17/06/2020	16/06/2021
<input type="button" value="Continue"/>										