

1944/17/51384

[illegible]

NA 1707382		Invoice Preparation Checklist		Amount	Amount
Vehicle Particulars:				NA Bill	Adm. Bill
Driver/Owner:		1) AR: Accident Reporting (\$300)			
Contact No:		2) DA: Damage Assessment (\$100); INC (\$10)			
Damaged Portion:		3) TP: Towing Fee \$40/\$10			
Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120			
		5) XT: Follow-Through Survey (Re-survey) \$10			
		Forfeiture against INC Only (See 10 Jan 21/03)			
		6) TR: Re-inspection \$12			
		7) NI: 1 day DA + SMRT Survey \$140			
		8) NTUC Additional Services:			
		9) NI:			
		*N1: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Coordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DY / Collision Unusual Circumstances \$5			
		TP (NI1) + TP (N4n INC) against INC \$20			
		3) NI1: 1 day Mobile		10	
2/3:		Invoice dated	Rev. Charge		
		Issuance dated	Rev. Charge		

## 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 ability.
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 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	28/11/2017 18:05
Date Of Accident	27/11/2017 20:40
Exact Location Of Accident	ALONG CCK CTRL ENTRANCE TO CARPARK BLK 228
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB4565B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AZRI BIN ANWAR
NRIC No	S9407258A
Email Address	AZRI_1294@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82686041
Alternative Phone No	OTHERS-82686041

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	FOOD DELIVERY/WORK
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	5086128908
Cover Note Number	

### Driver

Name of Driver	AZRI BIN ANWAR
NRIC No	S9407258A
Date Of Birth	04/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82686041
Fax Number	
Contact Number	OTHERS-82686041
EMail Address	AZRI_1294@HOTMAIL.COM

Address	BLK 412 CHOA CHU KANG AVENUE 3 #03-377
Postcode	680412
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
Was any body injured in the Accident?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
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	SKK9806U
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	LOH KONG NGAM
NRIC/Passport Number	S0273190H
Contact Number	97361619
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	ERWIN OR DASHENI
------	------------------

Phone Number: 97995643 OR 86124900

Email Address

**DETAILS OF INJURED PERSON 1**

Name: AZRI BIN ANWAR

Approximate Age

Injuries Sustain: SLIGHT INJURY

Injured person in which vehicle? FBB4565B

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

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)**

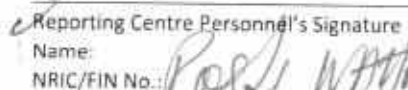
I understand, acknowledge, agree and consent that:

- (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.

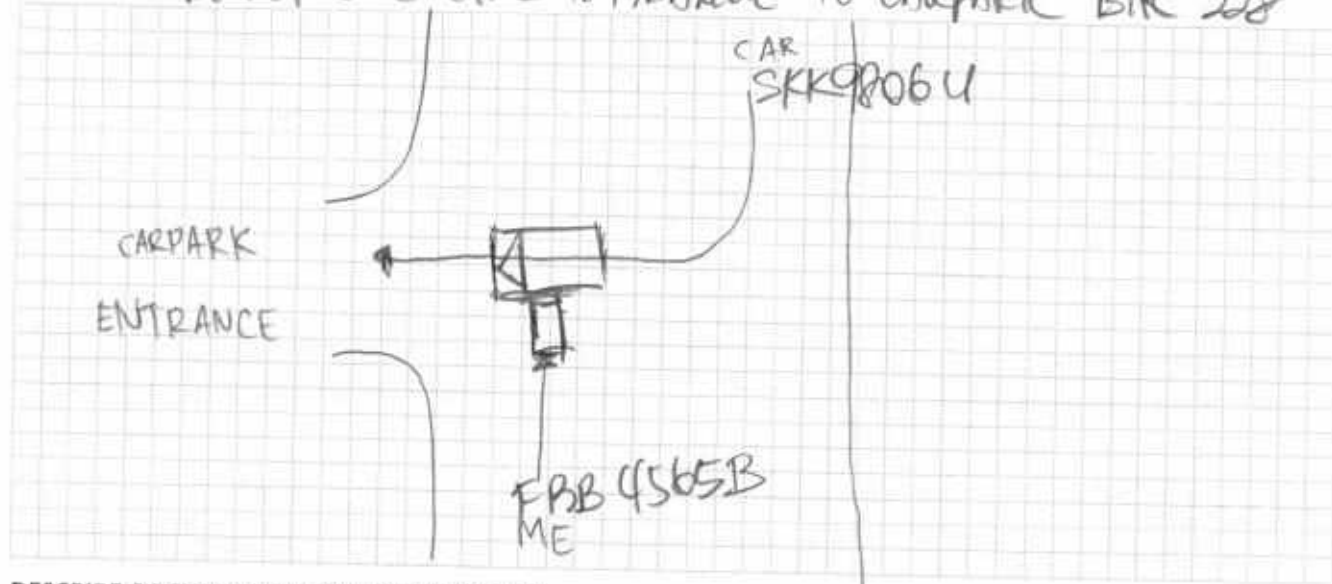


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN Along CCK CIRCULAR ENTRANCE TO CARPARK BIK 228



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the lined area: "PLS REFER TO POLICE REPORT 1/2017/128/2100"

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: 28/11/2017  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20171128/2100

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20171128/2100

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2017 16:34		Vide Report No.:	Station Diary No.: 65
<b>Informant's Particulars</b>			
Name of Informant: AZRI BIN ANWAR		Address: APT BLK 412 CHOA CHU KANG AVENUE 3 #03-377 SINGAPORE 680412	
ID Type / ID No.: NRIC NO / S9407258A		Contact No.: Home/Office: Mobile: 82686041	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 04/03/1994	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: PART TIME FOOD DELIVERY		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/11/2017 20:40	Type of Location: Car Park
Location: Along Road 1 CHOA CHU KANG CENTRAL				
Choa chu kang central towards choa chu kang loop at the entrance to carpark blk 228 choa chu kang central				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB4565B	Motorcycle	YAMAHA	T135	White	Seriously Damaged	0
SKK9806U	Car					0

**Details of Vehicle Insurance**

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



T/20171128/2100

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No: T/20171128/2100

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB4565B	NTUC Income Insurance Co-Operative Limited	5086128908	12/11/2016	10/04/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AZRI BIN ANWAR	ID No.	S9407258A
Related Vehicle	NIL	Contact No.	82686041
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 27/11/17 at about 2040hrs, I was travelling along Choa Chu Kang Central towards Choa Chu Kang loop at the entrance of carpark Blk 228 Choa Chu Kang Central. I was traveling straight when a vehicle SSK9806U made a right turn wanting to enter the carpark entrance. I collided onto the left side of the vehicle. The driver namely Loh Kong Ngam, S0273190H HP:97361619 stopped and exchange contact numbers with me. He left after exchanging numbers with me. On 28/11/17 I went to see doctor at Shalom Clinic and was given 3 days MC as I am having discomfort on my right shoulder and chest. I have 2 eye witnesses namely Erwin Erh HP:97995643 and Dasheni HP:86124900. I made a notice of reporting at Choa Chu Kang NPC at about 2300hrs.



**SINGAPORE  
POLICE FORCE**



T/20171128/2100

3 of 3

Report No. T/20171128/2100

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**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:  
D /  
Sgt 2 LEOW SU LING

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Signature Of Informant:

Date/Time:  
28/11/2017 16:34

Classification Of Case:

Authentication Stamp  
NP168

## Claim Handling

Accident MT/0971564

Policy No.	5086128908	Vehicle No.	FBB4565B	GST Registration No.	
Policyholder Name	AZRI BIN ANWAR			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	82686041	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		

**Accident Details**

Report Date	28/11/2017 18:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	27/11/2017	Time of Accident hh:mm	20:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG COX CTR. ENTRANCE TO CARPARK BLK 22B				

**Benefits**

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 412 #03-377	Address 2	CHOA CHU KANG AVENUE 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	03-377	Related Policy Number	5064242892-03		

**O1 Driver Info**

Driver Name	AZRI BIN ANWAR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	5B407258A	Driver DOB	
Register Date of Driver License	07/01/2014	Driver Age	23	Driving Experience	
Contact No.(Mobile)	82686041	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 412 #03-377	Address 2	CHOA CHU KANG AVENUE 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	03-377				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	FBB4565B	Driver Insurer Company	

**Declaration**

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AZRI BIN ANWAR	Insured NRIC	
Contact No.(Mobile)	82686041	Contact No.(Home)	88931974	Contact No.(Office)	
Email Address	AZRI_1294@HOTMAIL.COM	DI Vehicle Number	FBB4565B	TP Vehicle Number	
Claim Description	FBB4565B / SKK9B06U ON 27 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	28/11/2017 18:28	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AX letter

Save Submit

## Attachment

Accident No.	MT/0971564	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/11/2017 18:28

Path \*

Category \*

Confidential ☐ Urgency ☐

Please Select

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	SAS	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NRIC	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	SAS	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NRIC	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	SAS	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Nov 2017 18:29	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Nov 2017 18:29	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Nov 2017 18:29	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Nov 2017 18:29	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Nov 2017 18:29	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Nov 2017 18:27	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Nov 2017 18:27	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

# ACCIDENT STATEMENT

ACCIDENT DATE: 27/11/2017 (DD/MM/YYYY), TIME: 20:40 (HH:MM)

LOCATION: ALONG CHOA CHU KANG CENTRAL ENTRANCE TO CARPARK BLK 228

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB8 456SB  
 b) INSURANCE COMPANY: NTVC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: YAMAHA SPARK 135  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: FOOD DELIVERY / WORK  
 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: AZRI BIN ANWAR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9407258A CONTACT: 82686041  
 c) ADDRESS: BLK 412 CHOA CHU KANG AVE 3 #03-377  
SINGAPORE 680412

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

## DRIVER

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

\* d) DATE OF BIRTH: 04/03/1994 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING LICENSE: 07/01/2014

## 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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKK 9806 U MODEL: TOYOTA

b) DRIVER'S NAME: LOH KANG NEAM

c) NRIC/FIN/PASSPORT: S0273190H CONTACT: 9736 1619

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

Email = azri\_1294@hotmail.com

Fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9407258A



Name

AZRI BIN ANWAR

Race

JAVANESE

Date of birth

04-03-1994

Sex

M

Country of birth

SINGAPORE

S9407258A

REPUBLIC OF SINGAPORE DRIVING LICENCE



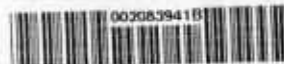
Licence Number S9407258A

Name

AZRI BIN ANWAR

Birth Date 04 Mar 1994

Issue Date 05 Jul 2012



0030839418

4443260



NRIC No. S9407258A



Date of issue

06-08-2009

Address

APT BLK 412 CHOA CHU KANG AVENUE 3  
#03-377  
SINGAPORE 680412

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B  
Class 2A  
Class 3

Motorcycles <= 200 CC  
Motorcycles between 201 CC and 400 CC  
Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors <= 2500 kg

EFFECTIVE DATE

07 Jun 2014  
22 Dec 2016  
28 Jul 2012

S9407258A

S / No. 9000264964



NP 428A

eBaoTech

GeneralClaim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5066128908	AZRI BIN ANWAR	S9407258A	GMC	Third Party	FBB45658	FBB45658	12/11/2016	10/04/2018