NATIONAL Assessment Centre Services (NAC) No: [illegible] 18044074

	Job description	Date & Time Completed	Done by
Date In: 02/04/2018 20:24			
Ref No: NBA/[illegible] 18006073/4	SAS e-filing		
Veh No: SJL 270E	E-mail (within 3hrs, AIO3hrs)		
D.O.A: 30/03/2018 13:35	I-Motor Claim Form	W1180888775	03/04/2018 15:07
OD (TP) Reporting Only	I-Motor W/O (Within OD 3hrs, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp (INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SHA 9768 J. 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: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

General Remarks:

( ) Walk-in Customer | Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: NC hotline: 6788 0016		Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo (Repair Cost > $3000)	( )		

Injury :

Date/Time	Action

AN1802/28

Invoice Preparation Checklist		Bill	Add Bill
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100)	INC ($30)		
3) TF: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$120		
5) FT: Follow-Through Survey (Resurvey)	$30		
Foreclosure [illegible] INC Only (w.e.f [illegible])			
6) TR: Retrospection	$35		
7) NI: [illegible] DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OIP			
NI: Courtesy Car / Tpt Allowance	$5		
NI: Repair Coordination	$10		
NI: Post Repair Inspection	$35		
NI: DY / Collect Docs Coordination	$5		
ZE (NI): TP (Non INC) [illegible] INC	$30		
9) NI [illegible] Mobile	$0		
Invoice dated	Not Charged		
Invoice No	[illegible]		

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Internal Comments:

1.1:

1.2/2:

MNA418044074 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 02/04/2018 20:24
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 03/04/2018 14:47

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 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 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	02/04/2018 20:24
Date Of Accident	30/03/2018 13:35
Exact Location Of Accident	ALONG BUANGKOK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL270E
Insured/Policyholder	
Name Of Registered Owner	GRABUBER
Co Reg No	53338474E
Email Address	FAISALAYUB8875@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87527405
Alternative Phone No	OFFICE-87527405
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 RSZ (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088229793
Cover Note Number	
Driver	
Name of Driver	MOHAMED FAISAL BIN MOHAMED AYUB
NRIC No	S8838115G
Date Of Birth	25/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87527405
Fax Number	
Contact Number	OTHERS-87527405
EMail Address	FAISALAYUB8875@GMAIL.COM

Address	BLK 577 HOUGANG AVENUE 4 #06-660
Postcode	530577
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 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)	1

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	SHA9768J
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH SWEE CHENG
NRIC/Passport Number	S7015314I
Contact Number	98635220
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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**.
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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

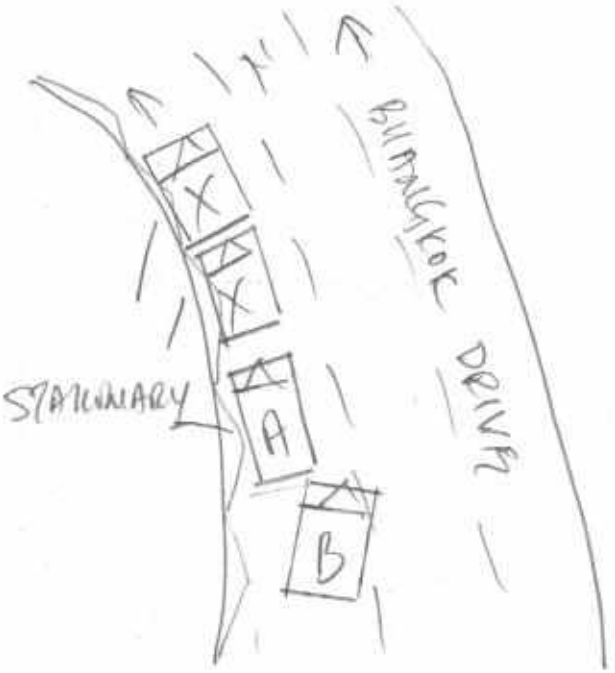
   (ii) for complying with requirements under any regulations, laws or court orders.

← GRABUBER →

LIMO SERVICES

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 2/4/18 16.30pm	Reporting Centre Personnel's Signature 03/04/2018 Name: NRIC/FIN No.

SKETCH PLAN



A) SJL 270 F

B) SHA 9768 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I ~~was~~ had just parked my car at the side of Buangkok drive. ~~at~~ Suddenly taxi SHA9768J hit the rear bumper of my car. I ~~was~~ went to go to the mosque

DECLARATION

I/We ~~declare~~ ~~GRAB UBER~~ the particulars are true in every respect.

LIND SERVICES

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 2/4/17 16.40pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

03/04/2018

Claim Handling

Exit

Accident MT/0988775

Policy No.	5088226793	Vehicle No.	SJL270E	GST Registration No.	
Policyholder Name	GRABUBER			Policyholder NRIC	S3338474E
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	87527405	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	03/04/2018 14:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/03/2018	Time of Accident hh:mm	13:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUANGKOK DRIVE				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	24 TUAS AVENUE 7	Address 2	SINGAPORE 639274	Address 3	
Address 4		Address Type	Singapore address	Post Code	639274
Unit No.		Related Policy Number	5090044737		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED FAISAL BIN MOHAME	Driver NRIC	S8838115G	Driver DOB	25/09/1988
Register Date of Driver License	25/04/2014	Driver Age	29	Driving Experience	3
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 577 #06-660	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530577
Address 4		Address Type	Foreign address	Post Code	530577
Unit No.	06-660				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJL270E	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	GRABUBER	Insured NRIC	S3338474E
Contact No.(Mobile)	91513135	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJL270E	TP Vehicle Number	SHA9768U
Claim Description	SJL270E / SHA9768U ON 30 Mar 2018			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	Received
Date Registered	03/04/2018 15:04	Claim Close Date		Date Received	03/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0988775	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/04/2018 15:07

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:07	Photos	Normal	Photos 2018-4-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:07	Photos	Normal	Photos 2018-4-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:07	Photos	Normal	Photos 2018-4-3		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:07	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:06	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:05	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:05	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:05	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:05	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:05	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:05	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:05	SAS	Normal	SAS 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 15:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3	Edit

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 03 / 2018) (DD/MM/YYYY), TIME: (13 : 35) (HH:MM)

LOCATION: Along Bukit Gombak Drive

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJL270E
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5088229793
   d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda Stream RS2 model
   f) TYPE: (SALOON / COUPE / (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / (COMMERCIAL) / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Driving Grab
   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: GRABUBER (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S3339474E CONTACT:
   c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER MOHAMED FAISAL BIN MOHAMED AYUB (MALE / FEMALE)
   a) NAME:
   b) NRIC/FIN/PASSPORT: S8838115G CONTACT: 87527405
   c) ADDRESS: BIK 577 Hougang Ave 4 #06-660 S(530577)
   *d) DATE OF BIRTH: (25 / 09 / 1988) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / (OUTDOOR))
   f) DATE OF DRIVING PASS 25/4/14

No of passenger (Including driver) (1)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer
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:

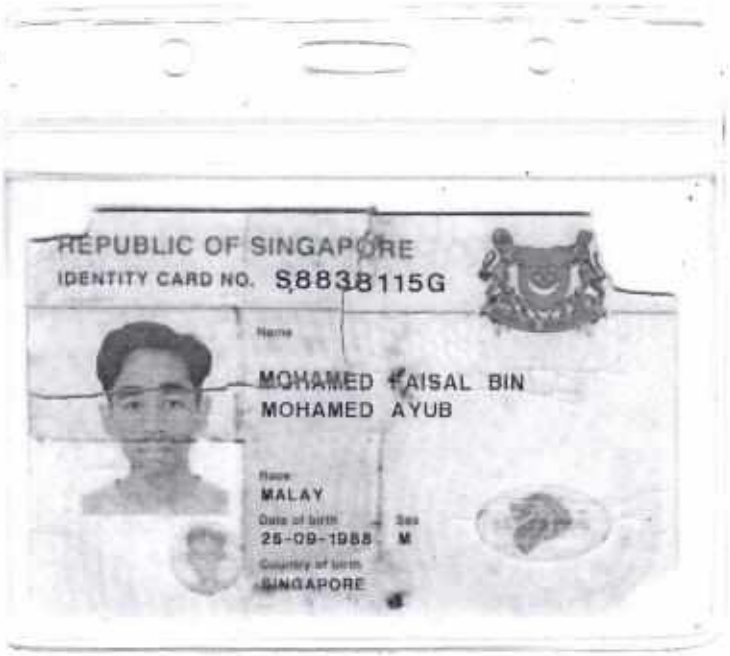
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SHA9768J MODEL: Hyundai i40
   b) DRIVER'S NAME: TOH SWEE CHENG
   c) NRIC/FIN/PASSPORT: S7015314I CONTACT: 98625220

No of passenger (Including driver) (2)

9. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME: CONTACT:
   f) NRIC/FIN/PASSPORT:

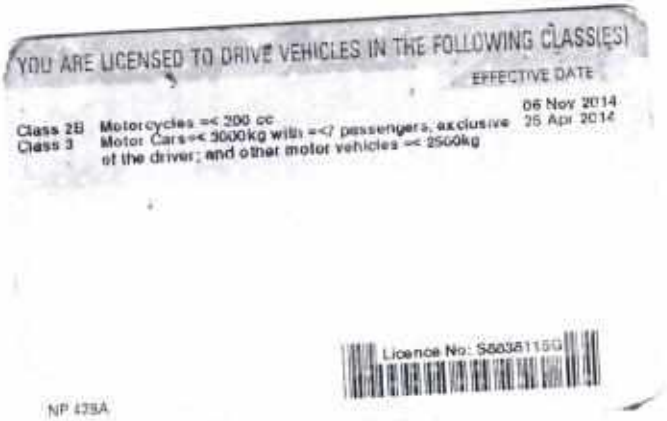
No of passenger (Including driver) (__)

email = faisalayub8875@gmail.com
fax = omiodesign@gmail.com
video


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8838115G
Name
MOHAMED FAISAL BIN
MOHAMED AYUB
Race
MALAY
Date of birth
25-09-1988
Sex
M
Country of birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S8838115G
Name
MOHAMED FAISAL BIN
MOHAMED AYUB
Birth Date 25 Sep 1988
Issue Date 08 Dec 2014
00237361 4K


S8838115G
Date of issue
02-10-2003
Address
APT BLK 577 HOUGANG AVENUE 4
#06-560
SINGAPORE 530577


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc 06 Nov 2014
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 26 Apr 2014
Licence No: S8838115G
NP 439A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. 5088229793 Date of Accident 30/03/2018 16:16

Vehicle No.(For Motor) SJL270E

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5088229793	GRABUBER	53338474E	GCV	Comprehensive	SJL270E	SJL270E	24/02/2017	12/05/2018

Continue