

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 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	03/05/2018 18:55
Date Of Accident	02/05/2018 18:15
Exact Location Of Accident	ZEBRA CROSSING JUNCTION OF PASIR RIS DR 1/DR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG8921D
Insured/Policyholder	
Name Of Registered Owner	NURHAYATI BINTE ABU BAKAR
NRIC No	S9018088F
Email Address	NURHAYATI1990@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81119195
Alternative Phone No	OTHERS-81263551
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16ST-153CC (M)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5068911585-03
Cover Note Number	
Driver	
Name of Driver	AZAD
Passport No/FIN	G1189205T
Date Of Birth	05/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81119195
Fax Number	
Contact Number	OTHERS-81263551
Email Address	NURHAYATI1990@YAHOO.COM.SG

Address	BLK 259B PUNGGOL FIELD #14-33
Postcode	822259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	DRIZZLING
Road Surface	WET

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?	YES
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?	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 POLICE REPORT T20180503/2114

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	SLU5902L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA BOON LEONG
NRIC/Passport Number	S7009231Z
Contact Number	98467083
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

AZAD

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG8921D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

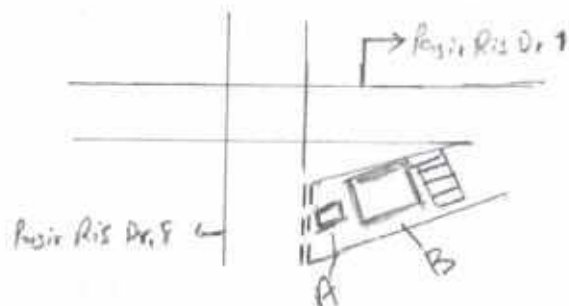
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

SKETCH PLAN



A) FBG 8921G

B) SLU 5902L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the accident description area:

PLS REFER TO Police 7/20180503/2114

Page 27

DECLARATION

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

Signature 03/05/18
 Policyholder's Signature
 Date & Time:

Signature 03/05/18
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Signature 03/05/2018
 Reporting Centre Person's Signature
 Name: Rep. 11/11/18
 NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180503/2114

1 of 3

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

Report No. T/20180503/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2018 15:54	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: AZAD			Address: APT BLK 259B PUNGGOL FIELD #14-33 SINGAPORE 822259	
ID Type / ID No.: NRIC NO / G1189205T			Contact No.: Home/Office:	Mobile: 81263551
Nationality: INDIAN			Email:	
Sex: Male	Age: 24	Date of Birth: 05/05/1993	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: ASSIATANT RESTAURANT MANAGER			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/05/2018 18:15	Type of Location: Zebra crossing
Location: Along Road 1 PASIR RIS DRIVE 1 PASIR RIS DRIVE 8 Zebra crossing junction of Pasir Ris Drive 1 and Pasir Ris Drive 8				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG8921D	Motorcycle				Seriously Damaged	0
SLU5902L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20180503/2114

2 of 3

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

Report No. T/20180503/2114

CONTINUATION OF REPORT

Rider			
Name	AZAD	ID No.	G1189205T
Related Vehicle	FBG8921D (Motorcycle)	Contact No.	81263551
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/05/2018	Date Discharge	03/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Chua Boon Leong	ID No.	S7009231Z
Related Vehicle	SLU5902L (Car)	Contact No.	98467083
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/05/2018 at about 1815hrs, I was travelling along Pasir Ris Drive 1 on my m/cycle FBG8921D towards Pasir Ris Drive 8. I then filtered left and enter the zebra crossing. As there was traffic along Pasir Ris Drive 8, I stopped before the give way lines to wait for traffic to clear before moving off. While waiting, suddenly a car SLU5902L collided onto the rear of my vehicle causing me to fall on my left. Due to the accident, I felt pain on my neck, back, left arm and right leg. I seek treatment at Khoo Teck Phuat and was given 3 days of MC.

DEED POLL

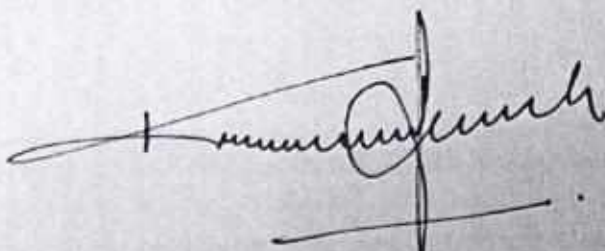
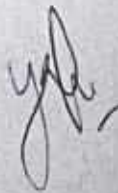
BY THIS DEED I, the undersigned **SHARON ADALINA D/O ABU BAKAR** (NRIC NO. S9018088F) of Apt Block 259B Punggol Field #14-33 Singapore 822259 do hereby abandon and absolutely renounce the use of the said name **NURHAYATI BINTE ABU BAKAR** and in lieu thereof assume as from the date hereof the name of **SHARON ADALINA D/O ABU BAKAR**.

AND in pursuance of such change of name as aforesaid I **HEREBY DECLARE** that at all times hereafter in all records deeds and instruments in writing and in all actions and proceedings and in and upon all dealings and transactions and upon all occasions whatsoever use and sign the said **SHARON ADALINA D/O ABU BAKAR**.

AND I **HEREBY AUTHORISE** and request all persons to designate and address me by such assumed name of **SHARON ADALINA D/O ABU BAKAR**.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 19th day of December, Two Thousand and Seventeen (2017).

SIGNED SEALED and DELIVERED by)
the abovenamed **SHARON ADALINA**)
D/O ABU BAKAR in the presence of)



KUMARAVELU SINNI AH
ADVOCATE & SOLICITOR
SINGAPORE

Claim Handling

Accident MT/0992898

Policy No.	5068911585-03	Vehicle No.	FB09921D	GST Registration No.	
Policyholder Name	NURHAYATI BINTE ABU BAKAR	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9018088F
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	\$
Contact No.(Mobile)	81119195	Special Remark		Contact No.(Home)	
Email Address		TCA	= No = Yes	eCode	No
KFR	= No = Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	03/05/2018 19:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	02/05/2018	Time of Accident (hh:mm)	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ZEMIA CROSSING JUNCTION OF PASIR RIS DR 1/DR 8				

Benefit

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	

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 2508 #14-33	Address 2	PURGGOL FIELD	Address 3	PURGGOL TOPAZ
Address 4	SINGAPORE 822238	Address Type	Singapore address	Post Code	822239
Unit No.	22-318	Related Policy Number	5068911585-03		

DI Driver Info

Driver Name	AZAD	Driver Type	Named Driver	Driver DOB	05/08/1992
Unnamed driver Name		Driver NRIC	G1892105T	Driving Experience	\$
Register Date of Driver License	28/09/2017	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	81263551	Contact No.(Office)		Address 1	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered Car?	Yes = No	Driver Vehicle No.	FB09921D	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NURHAYATI BINTE ABU BAKAR	Insured NRIC	S9018088F
Contact No.(Mobile)	81119195	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	FB09921D	TP Vehicle Number	BU04902L
Claim Description	FB09921D / BU04902L ON 2 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Return Protection	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/05/2018 19:28	Optim Close Date		Date Received	03/05/2018 00:00
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/0992898	Claim No.	001
Last Doc. Received	* Yes = No	Upload Date	03/05/2018 19:29
Path *			
Choose File	No file chosen.	Category *	Confidential
Choose File	No file chosen.	Urgency *	Normal
Choose File	No file chosen.	Description *	
Choose File	No file chosen.		
Choose File	No file chosen.		
Choose File	No file chosen.		
Choose File	No file chosen.		
Choose File	No file chosen.		
Choose File	No file chosen.		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:29	Photos	Normal	Photos 2018-5-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:29	Photos	Normal	Photos 2018-5-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:29	Photos	Normal	Photos 2018-5-3		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:29	Photos	Normal	Photos 2018-5-3	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:29	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:28	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:28	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:28	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:28	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:28	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:27	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:27	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:27	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:27	Photos	Normal	Photos 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:26	SAS	Normal	SAS 2018-5-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 19:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-3	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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[Display in New Window](#)
[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: (02/05/2018) (DD/MM/YYYY), TIME: (18:15) (HH:MM)

LOCATION: Along Road 1, Pasir Ris Drive 1, Pasir Ris Drive 8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG8921D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 506891585-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA F216ST
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Nurhayati binti Abu Bakar (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9018080F CONTACT: 8114195
 c) ADDRESS: B1K 259B Punggol Field #14-33
 S(822259)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Azad (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G1189205T CONTACT: 91263551
 c) ADDRESS: B1K259B Punggol Field #14-33 (822259) SG

*d) DATE OF BIRTH: (05/05/1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/03/2016

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

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: Queenstown N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV5902L MODEL:
 b) DRIVER'S NAME: Chua Boon Leong
 c) NRIC/FIN/PASSPORT: S70092312 CONTACT: 98467088

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = nurhayati1990@yahoo.com.sg

fax =

REPUBLIC OF SINGAPORE

FIN G1189205T



Name
AZAD

Date of Birth
05-05-1993
Nationality
INDIAN

Sex
M

G1189205T

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number G1189205T

Name
AZAD

Birth Date: 05 May 1993

Issue Date: 30 Mar 2016

Valid Till: 29/03/2021



FA1904197

VISIT PASS
Immigration Regulations



FIN G1189205T

PLUS

MULTIPLE JOURNEY VISA ISSUED

Date of Issue: 18-05-2017
Date of Expiry: 18-05-2020



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg

30 Mar 2016
30 Mar 2016



Licence No: G1189205T

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S9018088F



Name

SHARON ADALINA D/O ABU BAKAR

Race

INDIAN

Date of birth

31-05-1990

Country/Place of birth

SINGAPORE

Sex

F



NRIC No: S9018088F

Date of issue

29-12-2017

Address

APT BLK 259B PUNGGOL FIELD
#14-33
SINGAPORE 822259

5844942

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)

FBG8921D

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5068911585-03	NURHAYATI BINTE ABU BAKAR	S9018088F	GMC	Third Party, Fire & Theft	FBG8921D	FBG8921D	21/12/2017	20/12/2018