NATIONAL Assessment Centre Services (wef 1 Jan 05) MNH4820390

Date In: 21/06/2018 16:41	Job description	Date & Time Completed	Done by
Ref No: NBA/Excl60123599/Y	SAS e-filing		
Veh No: SKX4345Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/06/2018 13:50	i-Motor Claim Form		
OD / TP: (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: JLB 6347 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:- (INC hotline: 6788 6616)	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	Actions

NA1804328

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA418063090 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 27/06/2018 16:41
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 09/07/2018 09:21

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	27/06/2018 16:41
Date Of Accident	23/06/2018 13:50
Exact Location Of Accident	JALAN SELADANG JOHOR BAHRU
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX4345Y
Insured/Policyholder	
Name Of Registered Owner	LEONG SOON KAI COLIN
NRIC No	S7385373G
Email Address	COLIN_LEONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90076802
Alternative Phone No	OTHERS-90076802
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	REPORTING ONLY
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	5076233894-02
Cover Note Number	
Driver	
Name of Driver	LEONG SOON KAI COLIN
NRIC No	S7385373G
Date Of Birth	25/02/1973
Occupation	INDOOR
Date Of Driving Pass	05/06/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90076802
Fax Number	
Contact Number	OTHERS-90076802
EMail Address	COLIN_LEONG@HOTMAIL.COM

Address	4 PANDAN VALLEY #09-403
Postcode	597628
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JLB6347 (MOTORCYCLE)
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?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK JOHOR BAHRU SELATAN
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASDE REFER TO SKETCH PLAN AND TRAFIK JOHOR BAHRU(S)014873/18

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	JLB6347
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
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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.

X

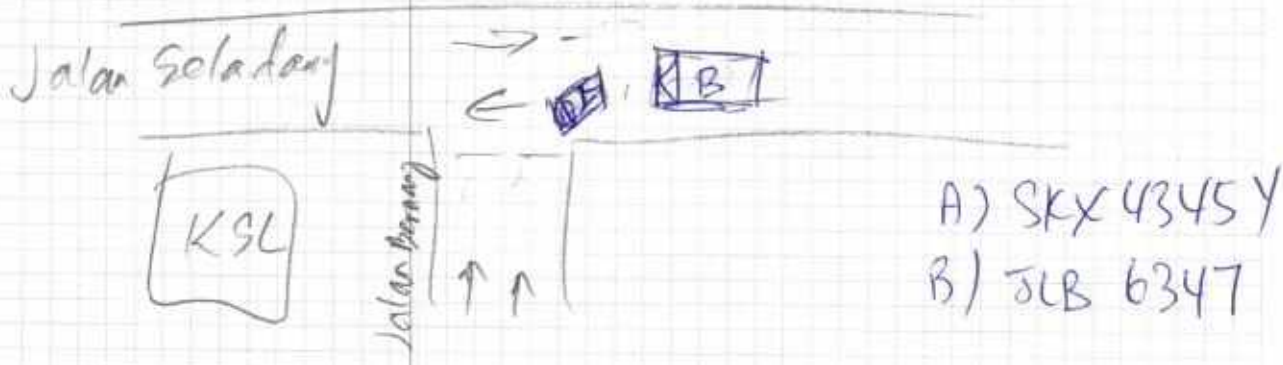
Policyholder's Signature
Date & Time:

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

09/07/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING TO KSL ALONG JALAN SELADANG WHEN A RED & SILVER MOTORCYCLE CAME OUT FROM THE INTERSECTION WITH JALAN BERJAYA AND HIT THE FRONT OF MY VEHICLE

TRAFFIC JOHOR BAHRU (S) / 01673/18

DECLARATION

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

X

Policyholder's Signature
Date & Time:

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

09/07/2018

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

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R118503
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/014873/18
Tarikh : 23/06/2018
Waktu : 1436 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot
Nama : NOAZZA BINTI ABD WAHID **No Personel** : R136178 **Pangkat** : KPL
Butir-butir Jurubahasa (Jika Ada)
Nama : — **No K/P (Baru)** : — **No Polis/Tentera**: —
No Paspot: — **Bahasa Asal** : —
Alamat: —

Butir-butir Pengadu
Nama : LEONG SOON KAI COLIN
No K/P (Baru) : — **No Polis/Tentera** : — **No Paspot** : S7385373G
No Sijil Beranak : —
Jantina : Lelaki **Tarikh Lahir** : 25/02/1973 **Umur** : 45 tahun 3 bulan
Keturunan : Cina **Warganegara** : Singapore
Pekerjaan : -
Alamat Tempat Tinggal : 4 PANDAN VALLEY, #09-403 SINGAPURA , 597628
Alamat Ibu/Bapa : —
Alamat Pejabat : —
No Tel (Rumah) : — **No Tel (Pejabat)** : — **No Tel (HP)** : 90076802

Pengadu Menyatakan:-
PADA 23/06/2018 JAM LEBIH KURANG 1350HRS , SEMASA SAYA MEMANDU M/KAR NO SKX4345Y DARI JALAN GERTAK MERAH HENDAK KE KSL , APABILA SAYA SAMPAI DI JALAN SELADANG , TIBA - TIBA SEBUAH M/KAR NO JLB6347 DARI SIMPANG SEBELAH KIRI TELAH KELUAR DARI SIMPANG DAN MELANGGAR BAHAGIAN DEPAN M/KAR SAYA , SAYA TIDAK CEDERA DAN KEROSAKAN M/KAR SAYA BUMPER DAN BONET DEPAN , NO PENDAFTARAN , SKIRTING DEPAN DAN LAIN - LAINKEROSAKAN TIDAK PASTI LAGI.
INILAH LAPORAN SAYA

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R2120133 | 05/07/2018 11:33:31 AM

PEJ. SALINAN REPOT
TRAFIK JOHOR BAHRU (S)
SALINAN YANG DISAHKAN BENAR
(HANYA UNTUK TUNTUTAN SIVIL)

.....
KETUA TRAFIK DAERAH JOHOR BAHRU (S) JOHOR
TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERNIAGAAN

Claim Handling

Exit

Accident MT/1002082

Policy No	5076233894-02	Vehicle No	SKX4345Y	GST Registration No.	
Policyholder Name	LEONG SOON KAI COLIN			Policyholder NRIC	S7385373G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90076802	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	08/07/2018 09:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	23/06/2018	Time of Accident hh:mm	13:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN SELADANG JOHOR BAHRU				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	4 PANDAN VALLEY	Address 2	#09-403 EUGENIA COURT	Address 3	SINGAPORE 597628
Address 4		Address Type	Singapore address	Post Code	597628
Unit No.		Related Policy Number	5076233894-02		

OI Driver Info

Driver Name	LEONG SOON KAI COLIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7385373G	Driver DOB	25/02/1973
Register Date of Driver License	05/06/2004	Driver Age	45	Driving Experience	14
Contact No.(Mobile)	90076802	Contact No.(Office)		Contact No.(Home)	
Address 1	4 PANDAN VALLEY	Address 2	#09-403 EUGENIA COURT	Address 3	SINGAPORE 597628
Address 4		Address Type	Singapore address	Post Code	597628
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKX4345Y	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	LEONG SOON KAI COLIN	Insured NRIC	S7385373G
Contact No.(Mobile)	90076802	Contact No.(Home)		Contact No.(Office)	
Email Address	COLIN.LEONG@OUTLOOK.COM	OI Vehicle Number	SKX4345Y	TP Vehicle Number	JL86347
Claim Description	SKX4345Y / JL86347 ON 23 Jun 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	09/07/2018 10:11	Claim Close Date		Date Received	09/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1002082	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/07/2018 10:12

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 09 Jul 2018 10:12	SAS	Normal	SAS 2018-7-9		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-9		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:11	Photos	Normal	Photos 2018-7-9		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:11	Photos	Normal	Photos 2018-7-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:11	Photos	Normal	Photos 2018-7-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:11	Photos	Normal	Photos 2018-7-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:11	Photos	Normal	Photos 2018-7-9	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:11	Photos	Normal	Photos 2018-7-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:11	Photos	Normal	Photos 2018-7-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:11	Photos	Normal	Photos 2018-7-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:11	Photos	Normal	Photos 2018-7-9	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jul 2018 10:11	Photos	Normal	Photos 2018-7-9	Edit

▽ Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 6 / 2018) (DD/MM/YYYY), TIME: (13:50) (HH:MM)

LOCATION: JALAN SELADANG, JOHOR BAHRU

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SKX 4305 Y
   b) INSURANCE COMPANY: INCOME
   c) POLICY NUMBER: 507623394-02
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: HONDA VEZEL
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
   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)
   IF NO, PLEASE STATE (~~THIRD PARTY CLAIM /~~ REPORTING ONLY)

2. **INSURED / POLICY HOLDER**
   A) NAME: COLIN LEONG (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7325373G CONTACT: 90076202
   c) ADDRESS: 4 PANDAN VALLEY, #19-403 S(597628)

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

* No of passenger (including driver) (1)

3. **DRIVER**
   a) NAME: AB ABDUL (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (____/____/_____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS: _____

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: JLB 6347 MODEL: YAMAHA MOTORCYCLE
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* no of passenger (including driver) (1)

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

* no of passenger (including driver) ( )

email = COLIN_LEONG@HOTMAIL.COM

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7385373G

Name
LEONG SOON KAI COLIN

梁 顺 嘉

Race
CHINESE

Date of birth
25-02-1973

Sex
M

Country/Place of birth
MALAYSIA

5826764

NRIC No. S7385373G

Date of issue
10-11-2017

Address
4 PANDAN VALLEY
#09-403
SINGAPORE 597628

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7385373G
Name
LEONG SOON KAI COLIN

Birth Date 25 Feb 1973
Issue Date 05 Jun 2004

001Z339S6C

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

		PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	05 Jun 2004

Licence No: S7385373G

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_B00676

· Change Language · Change Password · Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SKX4345Y

Date of Accident 23/06/2018 11:59

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5076233894-02	LEONG SOON KAI COLIN	S7385373G	GPC	drivo CLASSIC	SKX4345Y	SKX4345Y	11/12/2017	10/12/2018

Continue