

NATIONAL Assessment Centre Services

(Ref: 20102)

MAA/18093564

Date In: 20/01/2018 09:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC/180131944			
Veh No: SLN 42906	E-mail (within 8hrs, AIC 2hrs):		
D.O.A: 09/01/2018 16:15	i-Motor Claim Form	mm/1802734-002	20/01/2018 11:12
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:

SLR 3956K

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

<p>181804662</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Dat 1:</p> <p>Dat 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile \$0</p>		<p>Am't (\$)</p> <p>In Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	
	<p>Invoice dated</p>		<p>Fee Charged</p>	

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	20/07/2018 09:44
Date Of Accident	09/07/2018 16:15
Exact Location Of Accident	ALONG BARTLEY ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4290L
Insured/Policyholder	
Name Of Registered Owner	HUANG RUIXIANG REY
NRIC No	S8332708A
Email Address	REY.HUANG.RH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94896579
Alternative Phone No	OTHERS-96621885

Vehicle Particulars

Manufacturer	BMW
Model	528i
Exact Purpose for which vehicle was being used at time of accident	TEST DRIVE
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	5091772534 → Never attach CZ
Cover Note Number	

Driver

Name of Driver	TERNG BOH CHAI
NRIC No	S6926871D
Date Of Birth	24/08/1969
Occupation	INDOOR
Date Of Driving Pass	27/04/1990
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96621885
Fax Number	
Contact Number	OTHERS-94896579
Email Address	REY.HUANG.RH@GMAIL.COM

Address	BLK 103 RIVERVALE WALK #09-74
Postcode	540103
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - WORKSHOP EMPLOYEE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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 AND ATTACHMENT (CAR ALREADY REPAIR BY THE WORKSHOP THAT INVOLVE IN THE ACCIDENT)

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	SLR3956K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JIA YU
NRIC/Passport Number	S9210227J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN7622T
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN CHOON LIAN

NRIC/Passport Number

S1619393C

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.
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:

19/7/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

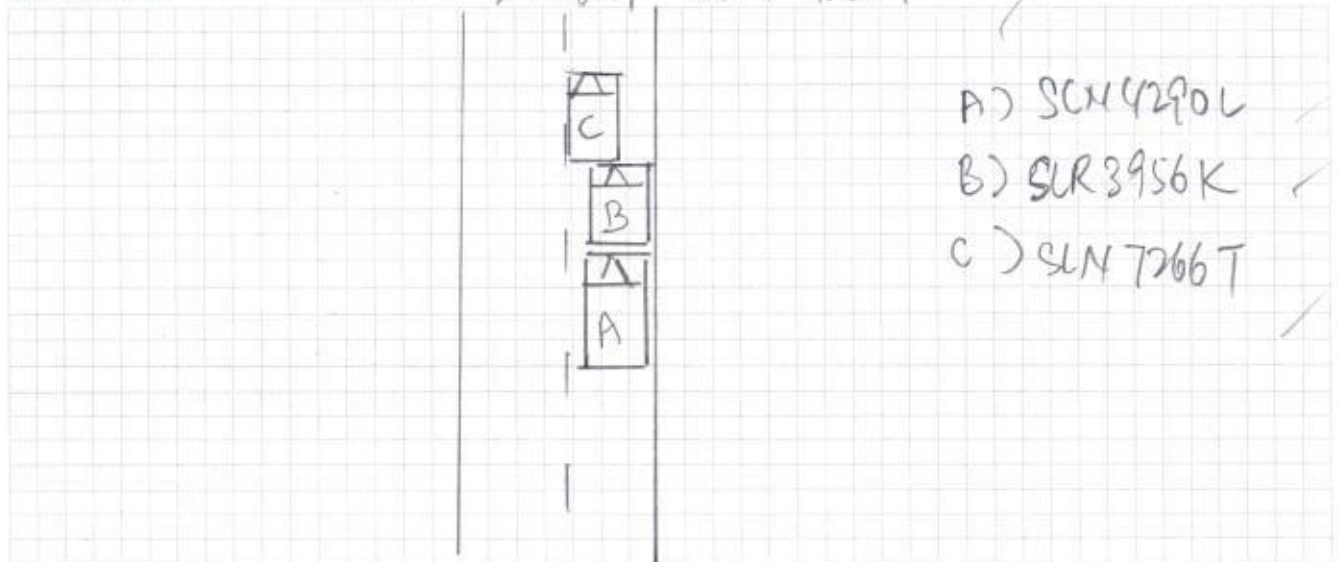
NRIC/FIN No.:

20/07/2018

Rafael Watab

SKETCH PLAN

ALONG ROADWAY ROAD EAST



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Owner would not want to bear any consequences as it wasn't him to drive and not the accident! ✓

NCD should not be affected to the insured car owner.

PLEASE REFER TO ATTACHMENT?

DECLARATION

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

Policyholder's Signature

Date & Time: 19/7/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

ON SAID DATE AND TIME, I WAS TRAVELLING ALONG BARTLEY RD EAST
SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY
VEHICLE IN TIME AND I HIT ONTO VEHICLE B REAR PORTION.

REPORT WAS DONE ON 10/07/2018 BY THE WORKSHOP
THANISILAKS AT IDAC PAYS UBI.

[Signature]
19/7/2018

[Signature]
20/07/2018
Rashid

889 Car Servicing Pte Ltd

10 Kaki Bukit Road 2 #03-33 & #03-34

First East Centre Singapore 417868

Tel: 6444 5889 Fax: 6538 2180

Email: bcterng@yahoo.com.sg

I Terng Boh Chai I/C S6926871D during road test

customer vehicle no. SLN 4290L I make an accident at bartley road on

09 July 2018

We will claim under workshop insurance



Claim Handling

Accident MT/1002739

Policy No.	5091772534	Vehicle No.	SLN4290L	GST Registration No.	
Policyholder Name	HUANG RUIXIANG REY			Policyholder NRIC	S8332708A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	Not available

Accident Details

Report Date	12/07/2018 17:07	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	09/07/2018	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH ROAD NEAREST LAMP POST V24513				

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	BLK 295A #13-209	Address 2	COMPASSVALE CRESCENT	Address 3	SINGAPORE 541295
Address 4		Address Type	Singapore address	Post Code	541295
Unit No.	13-209	Related Policy Number	5091772534		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
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.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	HUANG RUIXIANG REY	Insured NRIC	S8332708A
Contact No.(Mobile)	94896579	Contact No.(Home)	68817144	Contact No.(Office)	63447667
Email Address		OT Vehicle Number	SLN4290L	TP Vehicle Number	SLR3956K
Claim Description	SLN4290L / SLR3956K ON 9 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/07/2018 11:11	Claim Close Date		Date Received	20/07/2018 00:00
Report Taken By	ROSLI WAHAH				

☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/1002739	Claim No.	002
Last Doc. Received	Yes No	Upload Date	20/07/2018 11:12
Path *		Category *	
Choose File	No file chosen	Confidential	NO
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		
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 (B UKIT MERAH)) on 20 Jul 2018 11:12	Photos	Normal	Photos 2018-7-20		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 11:12	Photos	Normal	Photos 2018-7-20		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 11:12	Photos	Normal	Photos 2018-7-20		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 11:12	Photos	Normal	Photos 2018-7-20		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 11:12	Photos	Normal	Photos 2018-7-20		Edit

UKIT MERAH)) on 20 Jul 2018 11:12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 20 Jul 2018 11:12

Photos

Normal

Photos 2018-7-20

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 20 Jul 2018 11:12

Photos

Normal

Photos 2018-7-20

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 20 Jul 2018 11:11

Photos

Normal

Photos 2018-7-20

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 20 Jul 2018 11:11

Photos

Normal

Photos 2018-7-20

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 20 Jul 2018 11:11

Photos

Normal

Photos 2018-7-20

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 20 Jul 2018 11:11

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-7-20

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 20 Jul 2018 11:11

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-7-20

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 20 Jul 2018 11:11

SAS

Normal

SAS 2018-7-20

[Edit](#)

Video List

Uploaded By/Date

Folder Date

File Name

?

Source

Action

Display in New Window

Scan and uploading

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Saturday, 18 August 2018 9:35 AM
To: 'Theresa Vimala'
Subject: MT/1002739 SLN4290L

Hi Theresa the above mention claim accident location should be along Bartley road east thank.

Best Regards,
Rosli | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

ACCIDENT STATEMENT

ACCIDENT DATE: (0 / 9 / 10) (DD/MM/YYYY), TIME: (16 : 15) (HH:MM)

LOCATION: Along Bartley Rd East

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN #290L
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 528i
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 1st drive
 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: Huang Luikang Ray (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8327084 CONTACT: 90896579
 c) ADDRESS: B1K 245A Compassvale Crescent #13-209
 541295

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Terry Boh Chui (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6926871D CONTACT: 96621885
 c) ADDRESS: B1K 103 Rivervale walk #09-74
 540103

*d) DATE OF BIRTH: (24 / 08 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/04/1990

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Workshop personnel

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: SIR 3956K MODEL:
 b) DRIVER'S NAME: Lim Jia Yu
 c) NRIC/FIN/PASSPORT: S9210227J CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLN 7622T MODEL:
 e) DRIVER'S NAME: Tan Choon Lian
 f) NRIC/FIN/PASSPORT: S1619393C CONTACT:

email = reg.huang.rh @ gmail . com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6926871D



TERNG BOH CHAI
唐成才
CHINESE
Date of Birth: 24-08-1959 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S6926871D

TERNG BOH CHAI

Valid until: 24 Aug 2008
Valid from: 20 May 2003

100337814A

112208



NRIC No: S6926871D



Blood Group: O+ Date of issue: 13-07-1994

APT BLK 103 RIVERVALE WALK #09-74
SINGAPORE 540103
NRIC No: S6926871D Date: 07/01/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE: 27 Apr 1990

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

100337814A

WORKSHOP Employee

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8332708A



Name

HUANG RUIXIANG REY

黄瑞祥

Race

CHINESE

Date of birth

13-10-1983

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8332708A

Name

HUANG RUIXIANG

Birth Date: 13 Oct 1983

Issue Date: 16 Oct 2012



002114774F

OWNER

5254022



NRIC No: S8332708A



Date of issue

08-01-2014

Address

APT BLK 295A COMPASSVALE CRESCENT
#13-209
SINGAPORE 541295

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 09 Jan 2007



Licence No: S8332708A

NP 428A

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/07/2018 09:29"/>							
Vehicle No.(For Motor)	<input type="text" value="SLN4290L"/>	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"/>	5091772534		HUANG RUIXIANG REY	S8332708A	GPC	drivo CLASSIC	SLN4290L	SLN4290L	07/06/2017	31/08/2018
<input type="button" value="Continue"/>										