

NATIONAL Assessment Centre Services		MA104/18095807	
Date In: 24/07/2018 17:54	Job description	Date & Time Completed	Done by:
Ref No: N18095807/18457/4	SAS e-filing		
Veh No: FB017624	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 13/07/2018 16:00	i-Motor Claim Form	M7/10044/12-001	24/07/2018 18:29
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN BIKK	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%; P: 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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Dat. 1: Dat. 2/3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON*				
*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: Idnc Mobile \$0				
Invoice dated		Fee Charged		
Invoice dated		Fee Charged		

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	24/07/2018 17:54
Date Of Accident	13/07/2018 16:00
Exact Location Of Accident	PIE TOWARDS CLEMENTI AVENUE 6 (ROAD BEND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1762H
Insured/Policyholder	
Name Of Registered Owner	MUSTAQIM BIN NANGIM
NRIC No	S9119755C
Email Address	AMIRSEDOT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93397124
Alternative Phone No	OTHERS-93397124

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSXR1000K8
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
Fleet Policy	NO
Policy Number	5092851703
Cover Note Number	

Driver

Name of Driver	AMIR BIN ABU BAKAR
NRIC No	S9145268E
Date Of Birth	03/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	28/06/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93397124
Fax Number	
Contact Number	OTHERS-93397124
Email Address	AMIRSEDOT@GMAIL.COM

Address	BLK 274D JURONG WEST AVENUE 3 #06-97
Postcode	644274
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180716/2201

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	UNKNOWN
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name	AMIR BIN ABU BAKAR
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBD1762H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN RIDER
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

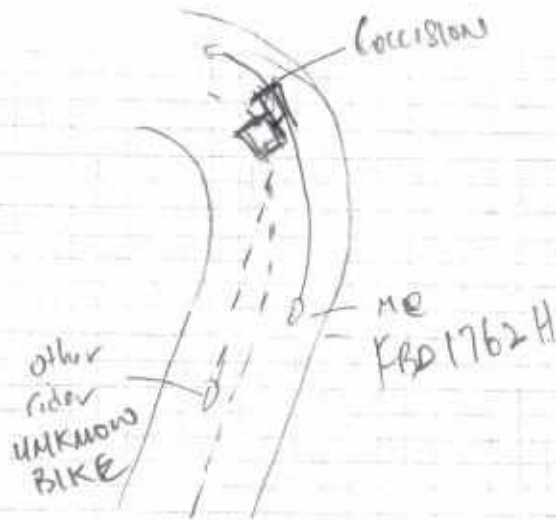
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



TIE TOWARDS CLAMFORTH AVE 6 (ROAD BRIDGE)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
T/2080716/2201

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: Robert W. [illegible]
NRIC/FIN No.: [illegible]



SINGAPORE POLICE FORCE

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20180716/2201

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Report No. T/20180716/2201

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/07/2018 23:39

Vide Report No.:

Station Diary No :
213

Informant's Particulars

Name of Informant:
AMIR BIN ABU BAKAR

Address:
APT BLK 274D JURONG WEST AVENUE 3 #06-97
SINGAPORE 644274

ID Type / ID No.:
NRIC NO / S9145268E

Contact No.:
Home/Office: Mobile: 93397124

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 26 Date of Birth: 03/12/1991

Type of Informant:
Rider

Race:
Malay

Language:

Institution / School Name:

Occupation:
PROCESS TECHNICIAN

Driving Licence Information:
Class: 2,3 Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
13/07/2018 16:00

Type of Location:
Bend

Location:
Along Road 1 Traveling Toward Road 2
PAN ISLAND EXPRESSWAY
CLEMENTI AVENUE 6
along ROAD BEND

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.
FBD1762H

Type
Motorcycle

Make

Model

Color

Condition
Slightly
Damaged

No of Passenger
0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180716/2201

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Report No. T/20180716/2201

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Rider			
Name	AMIR BIN ABU BAKAR	ID No.	S9145268E
Related Vehicle	FBD1762H (Motorcycle)	Contact No.	93397124
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	16/07/2018
No. of Days granted Medical Leave	21	Degree of Injury	Serious
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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 13/7/18 at about 1600hrs, I was driving from PIE towards Changi into Exit of Clementi Ave 6. I was driving (FBD1762H) on the lane 1 along a bend to the left when I saw a motorbike in front on my left. I observed the rider of the motorcycle behaving strangely as he was looking down at his motorbike. As I moved forward in my lane, I did not notice the other motorbike until I saw him in my side vision that he was directly on my left. I felt a collision from the left side as his bike knocked into mine. Both of us fell down and I fell on my left side. I managed to stand up and I saw the other bike and rider had been pushed behind the road railing due to the collision. The other driver was conscious, however due to my pain, I did not speak to him or ask his particulars or vehicle number, and immediately went to sit down and rest. 2 cars behind us stopped and their driver help to call the ambulance.

After a period of time, the ambulance came and conveyed both of us to Ng Teng Fong General Hospital. I was treated for fracture in my collar bone, abrasion on my entire left arm, open wound on my left knee, and stitches on my face, thumb, shoulder and knees. I was hospitalized for 4 days and discharged on 16/7/18 at 1400hrs.

During my hospitalization, I received a call from unknown TP IO (HP:96668558) who told me to contact him once I was discharged. My bike is currently at TP HQ. I also received a call from Clementi Police Division asking about the accident.

I am lodging this report before contacting the unknown TP IO and collecting my bike. I do not know any report number of the traffic accident.



**SINGAPORE
POLICE FORCE**



T/20180716/2201

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Report No. T/20180716/2201

Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

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:

J /

Sgt-2 MOHAMMED SYAFIL MOHAMMED

YUSOF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Authentication Stamp

NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

16/07/2018 23:39

Classification Of Case:

Claim Handling

Accident MY1004412

Policy No.	5003831703	Vehicle No.	FBD1762H	GST Registration No.	
Policyholder Name	MUSTAQIM BIN NANGIM			Policyholder NRIC	S3119755C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93397124	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KYC	Yes	ICA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	24/07/2018 18:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/07/2018	Time of Accident (hr:min)	16:00	Country of Accident	Singapore
Reporting Centre		Orange Fence		ICN No.	
Accident Location	PIB TOWARDS CLEMENTI AVENUE 5 (ROAD BEND)				

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 421 #10-155	Address 2	BUKIT BATOK WEST AVENUE 2	Address 3	SINGAPORE 650421
Address 4		Address Type	Singapore address	Post Code	650421
Unit No.	10-155	Related Policy Number	SC09564808-01		

OI Driver Info

Driver Name	AMIR BIN ABU BAKAR	Driver Type	Named Driver	Driver DOB	03/12/1991
Unnamed driver Name		Driver NRIC	S9145268E	Driving Experience	5
Register Date of Driver License	28/06/2013	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	93397124	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.	FBD1762H	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes
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Modification History

Claim 001

New

Claim Type *	OD-NX	Insured Name	MUSTAQIM BIN NANGIM	Insured NRIC	S3119755C
Contact No.(Mobile)	83894899	Contact No.(Home)		Contact No.(Office)	
Email Address	MUSTAQIMNANGIM@GMAIL.COM	OI Vehicle Number	FBD1762H	TP Vehicle Number	UNKNOWN BIKE
Claim Description	FBD1762H / UNKNOWN BIKE ON 13 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/07/2018 18:27	Claim Close Date		Date Received	24/07/2018 00:00
Report Taken By	BOSLI WAHAB				

Print All letter

Save Submit

Attachment

Accident No.	MY1004412	Claim No.	001
Last Doc. Received	Yes No	Upload Date	24/07/2018 18:29
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		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800674c (NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jul 2018 18:29	Photos	Normal	Photos 2018-7-24		Edit
	NAC_BUKIT_MERAH_80067b (NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jul 2018 18:29	Photos	Normal	Photos 2018-7-24		Edit
	NAC_BUKIT_MERAH_800676 (NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jul 2018 18:29	Photos	Normal	Photos 2018-7-24		Edit

ACCIDENT STATEMENT

ACCIDENT DATE: (13/07/2018) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: PIK. JOURAAS LAMPAH RUA 6 (ROD BEND)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 17624
b) INSURANCE COMPANY: NIJUL
c) POLICY NUMBER: 0092851703
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: MUSTAFIM BIN HANIFIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AMIR BIN ABU BAKAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9145266F CONTACT: 93397124
c) ADDRESS: _____

* d) DATE OF BIRTH: (07/01/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/06/2018

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

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: UNKNOWN BIKK MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = amirsedot@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9145268E



Name

AMIR BIN ABU BAKAR

Race

MALAY

Date of birth

03-12-1991

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9145268E

Name: AMIR BIN ABU BAKAR

Birth Date: 03 Dec 1991

Issue Date: 18 Aug 2010

Barcode: 001884626C



3975232

NRIC No. S9145268E



Date of issue

15-12-2005

Address

APT BLK 274D JURONG WEST AVENUE 3
#06-97
SINGAPORE 644274

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	18 Aug 2010
Class 2A	Motorcycles between 201 CC and 400 CC	30 Mar 2012
Class 2	Motorcycles > 400 CC	24 Jun 2013
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	19 Oct 2017

S9145268E

S / No. 9000310704



NP 428A

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)

FBD1762H

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092851703	MUSTAQIM BIN NANGIM	S9119755C	GMC	Third Party	FBD1762H	FBD1762H	22/07/2017	15/10/2018