

NATIONAL Assessment Centre Services [Stamp: 10/2005] *M/1004/1810295/*

Date In: <i>10/28/2008 09:50</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/INC18014483/Y</i>	SAS e-filing		
Veh No: <i>FRT 2904C</i>	E-mail (w/In 8hrs, AIC 2hrs)		
D.O.A: <i>28/10/2008 15:40</i>	i-Motor Claim Form	<i>M7/1006568-001</i>	<i>10/28/2008</i>
OD: <i>TP</i> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>10/11</i>
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: *HJF 4152* INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Title: ()

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:	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

N/A 1804982

Claimant's Particulars :-	Invoice Preparation Checklist	Unit (\$) 1st Bill	Unit (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao 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 (N/a INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	10/08/2018 09:50
Date Of Accident	08/08/2018 15:40
Exact Location Of Accident	QUEENSWAY INFRONT OF QUEENSWAY SHOPPING CTR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2904C
Insured/Policyholder	
Name Of Registered Owner	BENSON TAN YONG HAN
NRIC No	S8803370A
Email Address	BENSON.TAN0088@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98230855
Alternative Phone No	OTHERS-98230855

Vehicle Particulars

Manufacturer	KAWASAKI
Model	Z1000SX-1.0
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	5093994476
Cover Note Number	

Driver

Name of Driver	BENSON TAN YONG HAN
NRIC No	S8803370A
Date Of Birth	07/02/1988
Occupation	INDOOR
Date Of Driving Pass	15/08/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98230855
Fax Number	
Contact Number	OTHERS-98230855
Email Address	BENSON.TAN0088@GMAIL.COM

Address	BLK 676A CHOA CHU KANG CRESCENT #11-471
Postcode	681676
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	AJF4152 (MOTORCYCLE)
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 T/20180808/2126

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	AJF4152
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ONG WENG CHOON
NRIC/Passport Number	F7857618U
Contact Number	85000789
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name BENSON TAN YONG HAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBJ2904C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ONG WENG CHOON

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? AJF4152

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.

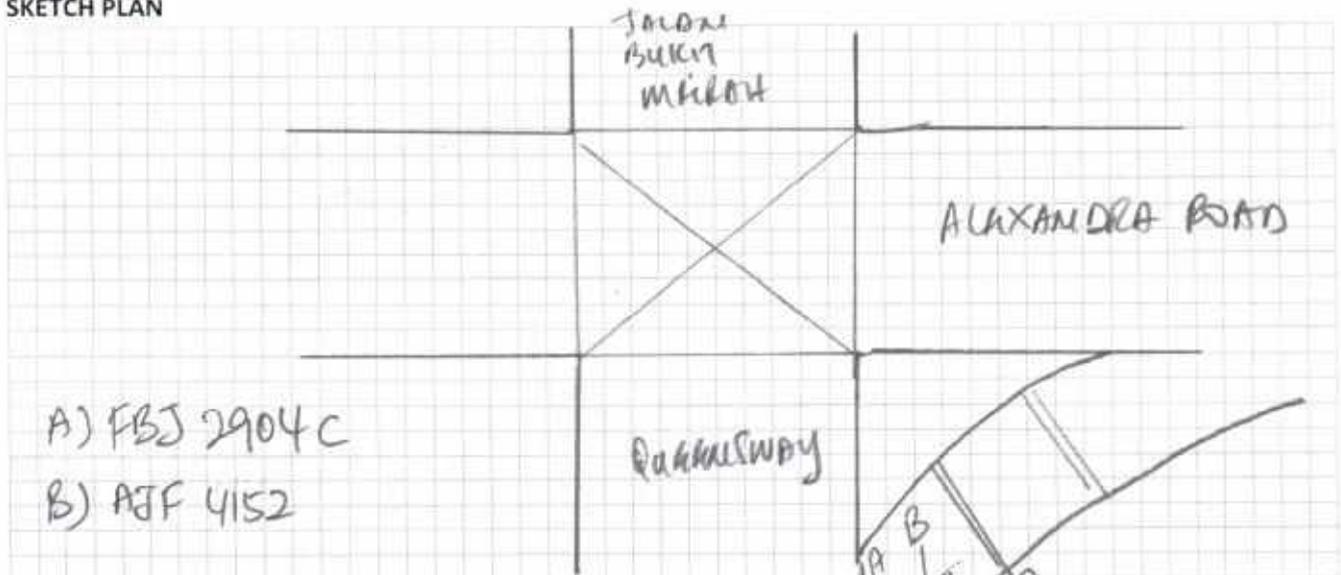
Policyholder's Signature
Date & Time:

8/8/18
1745

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/20180808/2126*

DECLARATION

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

[Signature]
Policyholder's Signature: 1745
Date & Time: 8/8/18

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

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



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

Report No. T/20180808/2126

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG WENG CHOON	ID No.	F7857618U
Related Vehicle	AJF4152 (Motorcycle)	Contact No.	85000789
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 04/05/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Rider			
Name	BENSON TAN YONG HAN	ID No.	S8803370A
Related Vehicle	FBJ2904C (Motorcycle)	Contact No.	98230855
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 8/8/2018 at about 1540hrs at the above mentioned location, I am the rider of vehicle FBJ2904C (V1). When I was waiting at the give way line for the traffic to clear before entering Queensway, a Malaysian motorcycle AJF4152 (V2) suddenly collided onto my right side causing me to fall on my right. I lost balance due to the impact and fell on the floor. The rider of V2 was thrown off his vehicle and then landed on the road with several abrasions. Pedestrians then helped to call the ambulance and check if we are alright. The Colleague of V1 namely Tsen Wei Kong, HP 82480922 was there and helped me get up. The Rider of V2 was then conveyed to NUH.

I am making this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180808/2126

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

3 of 3

Report No. T/20180808/2126

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: D / Sgt 2 ANG KHENG HAOU, THAWAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2018 17:14
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case: <div data-bbox="486 1948 1077 2027" data-label="Text"><p>SINGAPORE POLICE FORCE SN 47</p></div>

Authentication Stamp
NP168


 SINGAPORE POLICE FORCE
 SIGNATURE

Claim Handling

Accident MT/1006568

Policy No.	5093994476	Vehicle No.	FB2904C	GST Registration No.	
Certificate No.					
Policyholder Name	BENSON TAN YONG HAN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8803370A
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98220805	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
KPI	<input type="checkbox"/> No <input type="checkbox"/> Yes	KCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	10/08/2018 10:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	08/08/2018	Time of Accident hh:mm	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	QUEENSWAY INFRONT OF QUEENSWAY SHOPPING CTR.				

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 676A #11-471	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 681676
Address 4		Address Type	Singapore address	Post Code	681676
Unit No.		Related Policy Number	5093994476		

DI Driver Info

Driver Name	BENSON TAN YONG HAN	Driver Type	Main Driver	Driver DOB	07/02/1988
Unnamed Driver Name		Driver NRIC	S8803270A	Driving Experience	5
Register Date of Driver License	15/08/2012	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 676A #11-471	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 681676
Address 4		Address Type	Singapore address	Post Code	681676
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FB2904C	Driver Insurer Company	ATUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Modification History

Claim 001

Claim Type *	DD-MX	Insured Name	BENSON TAN YONG HAN	Insured NRIC	S8803370A
Contact No.(Mobile)	98220805	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	tan_yue676@hotmail.com	DI Vehicle Number	FB2904C	TP Vehicle Number	AJF415
Claim Description	FB2904C / AJF415 ON 8 Aug 2018				
Preferred Workshop Finalisation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Insured Liability	Not at Fault	Name of Preferred Workshop	
Report Registered	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Refer Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	RDSLI WAHAB				
<input checked="" type="checkbox"/> Print as letter					

Attachment

Accident No.	MT/1006568	Claim No.	001
LRH Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Updated Date	10/08/2018 10:11
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
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	PH
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Aug 2018 10:11		Photo	Normal	Photos 2018-8-10	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 10:11	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 10:11	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 10:11	Photos	Normal	Photos 2018-8-10
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 10:10	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 10:10	Photos	Normal	Photos 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 10:10	SAS	Normal	SAS 2018-8-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 10:10	NRDC/ Driving License	Normal	NRDC/ Driving License 2018-8-10

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in new window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 08/02/2018 (DD/MM/YYYY), TIME: 15:40 (HH:MM)

LOCATION: Highway Intersect of Bishanway S/C

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS 2904C
- b) INSURANCE COMPANY: NTUC INCOME
- c) POLICY NUMBER: 5093994476
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: KAWASAKI 21000
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: 15:40
- 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: BENSON TAN YONG HAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8803372A CONTACT: 98230855
- c) ADDRESS: Blk 676A CHUA CHU LANG CREB #11-421
5681676

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (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: QUEEN TOWN POLICE STATION

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: AJF 4152 MODEL: _____
- b) DRIVER'S NAME: ENG WANG CHON
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passengers
(Including driver)
(1)

*No of passenger
(Including driver)
()

*No of passengers
(Including driver)
()

Email = Benson.Tan 0688@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S8803370A



NAME
BENSON TAN YONG HAN

陳 勇 翰

RACE
 CHINESE

Date of Birth: 07-02-1988 Sex: M

Country of Birth
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8803370A

Name
BENSON TAN YONG HAN

Birth Date: 07 Feb 1988

Issue Date: 01 Sep 2008




001646195E

3314531



NRIC No. S8803370A



Blood Group: Date of Issue: 21-02-2003

APT BLK 676A CHOA CHU KANG CRESCENT #11-471
 SINGAPORE 681678

NRIC No. S8803370A Date: 23/05/2018

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

Class	Vehicle Class	PASS DATE
Class 2B	Motorcycles <= 200 CC	01 Sep 2008
Class 2A	Motorcycles between 201 CC and 400 CC	13 May 2011
Class 2	Motorcycles > 400 CC	15 Aug 2012

S8803370A

S/No. 9000161064

NP 4.25A

Licence No. S8803370A



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="08/08/2018 17:43"/>
Vehicle No.(For Motor)	<input type="text" value="FB12904C"/>	Certificate Number:	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5093994476		BENSON TAN YONG HAN	S8803370A	GMC	Third Party, Fire & Theft	FB12904C	FB12904C	13/09/2017	12/09/2018

Continue