

NATIONAL Assessment Centre Services			
Date In: 08/08/2018 18:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC/0014491/1	SAS e-filing		
Veh No: GW 29 P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/08/2018 20:50	i-Motor Claim Form	M1/006530-001	08/08/2018 19:03
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: PC 271D	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

NA/84971	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: 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:-		
	OP*		
	*N5: Courtesy Car / Tpl 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: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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	08/08/2018 18:48
Date Of Accident	07/08/2018 20:50
Exact Location Of Accident	JUNCTION OF SUNGEI KADUT AVE/SUNGEI KADUT ST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW29P
Insured/Policyholder	
Name Of Registered Owner	AVENUE ENGINEERING PTE LTD
Co Reg No	200720196N
Email Address	BOOBATHIMANI983@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88188693
Alternative Phone No	OFFICE-63620923

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

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	5070383724-03
Cover Note Number	

Driver

Name of Driver	THANGAVEL BOOBATHIMANIKANDAN
Passport No/FIN	G7568944L
Date Of Birth	15/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	27/01/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88188693
Fax Number	
Contact Number	OFFICE-63620923
Email Address	BOOBATHIMANI983@GMAIL.COM

Address	SUNGEI KADUT STREET 4
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
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?	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

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	PC271D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	WANG SHITAO
NRIC/Passport Number	G6593366M
Contact Number	98183300
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.

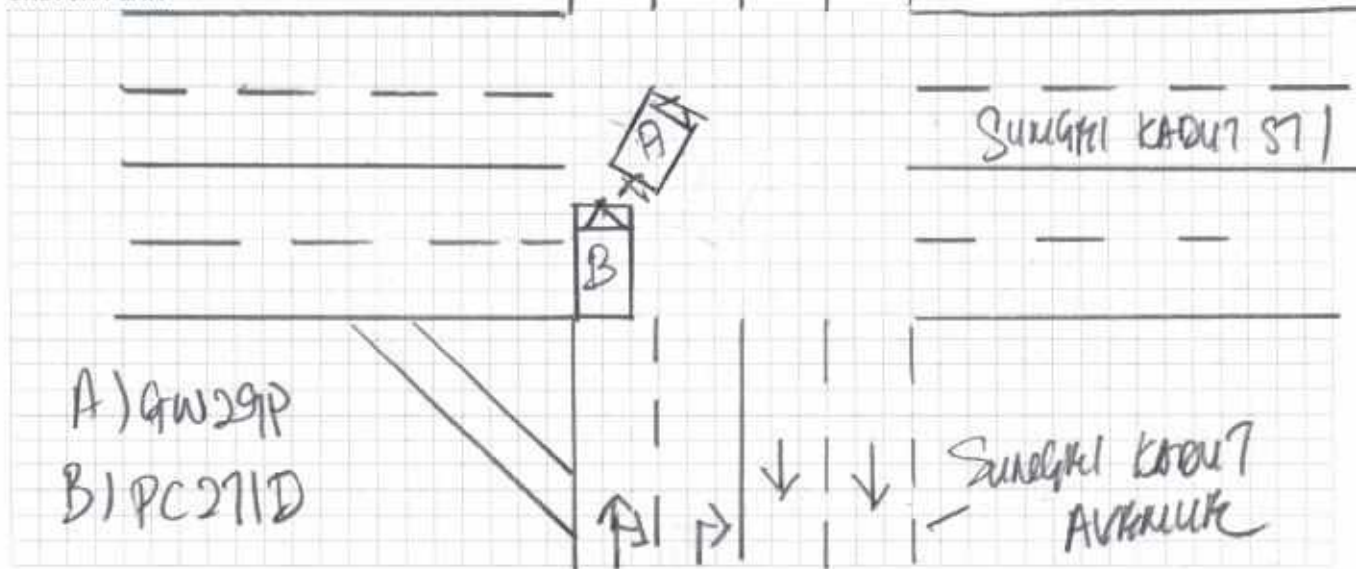


Policyholder's Signature
Date & Time:

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

ON 07/08/2018 AT 20:50HRS I WAS AT THE JUNCTION OF Sungai Kadut Ave & WANTED TO TURN RIGHT INTO Sungai Kadut ST 1. I STOP MY VEHICLE AT THE CR LANE TO GIVE WAY TO THE ONE COMING VEHICLE. AFTER A WHILE AROUND 3-4 SECONDS I FELT A BUMP FROM THE REAR. I CAME DOWN & SAW A BUS PC 271D BANG THE REAR OF MY LORRY GW 29P

DECLARATION

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



Policyholder's Signature
Date & Time:

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

08/08/2018
Reporting Centre Personnel's Signature
Name: *P. L. ...*
NRIC/FIN No.:

Claim Handling

The premium on this policy has not been collected.

Accident MT/1006530

Policy No.	5070563724-03	Vehicle No.	GW29P	GST Registration No.	200720196N
Certificate No.					
Policyholder Name	AVENUE ENGINEERING PTE LTD			Policyholder NRIC	300720196N
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	88188693	Contact No.(Office)	63620923	Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	08/08/2018 18:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/08/2018	Time of Accident Minimum	20:58	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF SUNGEL KADUT AVE/SUNGEL KADUT ST 1				

Benefits

Excess

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

GST Registered Information

GST Registered	Yes	GST Registration Date	17/01/2008
GST Registration No.	200720196N	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	2 SUNGEL KADUT STREET 4	Address 2	SH INDUSTRIAL BUILDING	Address 3	SINGAPORE 729032
Address 4		Address Type	Singapore address	Post Code	729032
Unit No.		Related Policy Number	5072734443-03		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	THANGAVEL GOOBATHIMANIKAI	Driver NRIC	07568944L	Driver DOB	15/05/1983
Register Date of Driver License	27/01/2012	Driver Age	35	Driving Experience	5
Contact No.(Mobile)	88188693	Contact No.(Office)	63620923	Contact No.(Home)	
Address 1	11 * SUNGEL KADUT STREET 2	Address 2	SINGAPORE 729232	Address 3	
Address 4		Address Type	Foreign address	Post Code	729232
Unit No.					
Does he own a Singapore Registered car?	Yes -> No	Driver Vehicle No.	GW29P	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes -> No
-------------------------------------	------	-------------	-----------

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Insured Name

Contact No., (Home)

Oil

Vehicle Number

Name of Preferred Workshop

Date Registered

Report Taken By

Print AK letter

Save

Submit

Attachment

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

Choose File

S (BUKIT MERAH)) on 08 Aug 2018 19:03



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2018 19:03

Photos

Normal

Photos 2018-8-8

Photos

Normal

Photos 2018-8-8

Photos

Normal

Photos 2018-8-8

Photos

Normal

Photos 2018-8-8

Photos

Normal

Photos 2018-8-8

Photos

Normal

Photos 2018-8-8

Photos

Normal

Photos 2018-8-8

Photos

Normal

Photos 2018-8-8

Photos

Normal

Photos 2018-8-8

Photos

Normal

Photos 2018-8-8

SAS

Normal

SAS 2018-8-8

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-8-8

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (07/08/2018) (DD/MM/YYYY), TIME: (20:50) (HH:MM)

LOCATION: Sungei Kadut St 1 and Sungei Kadut Ave Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW 29 P
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5070388724-
 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: 08-50
 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: Avenue Eng PTE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 6362 0923
 c) ADDRESS: 2 Sungei Kadut Street 4

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Thangavel Boobathi manikandan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G7568944L CONTACT: 88138693
 c) ADDRESS: Sungei Kadut Street 4

*d) DATE OF BIRTH: (15/05/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27 Jan 2012

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: PC 271 D MODEL: _____
 b) DRIVER'S NAME: Wang Shitar
 c) NRIC/FIN/PASSPORT: G76593366M CONTACT: 98133300

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = boobathimani 983@gmail.com

VIDEO =

S PASSEmployment of Foreign Manpower Act (Chapter 91A)
Republic of SingaporeEmployer:
INTEGRATED INFRASTRUCTURE PTE. LTD.

Sector: CONSTRUCTION

Name:
THANGAVEL BOOBATHIMANKANDAN
Occupation:
CONSTRUCTION SUPERVISORS Pass No.
D 32955908Date of Application:
12-01-2018
Date of Issue:
15-03-2018
Date of Expiry:
15-03-2020

L8647766

**VISIT PASS**

Immigration Regulations

Name:
THANGAVEL BOOBATHIMANKANDANDate of Birth: 15-05-1983
Sex: M
Nationality: INDIAN
Pass No: G7568944L
Date of Issue: 15-03-2018
Date of Expiry: 15-03-2020

MULTIPLE JOURNEY VISA ISSUED

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

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G7568944L**

Name: **THANGAVEL BOOBATHIMANKANDAN**

Birth Date: **15 May 1983**

Issue Date: **24 Jan 2017**

Valid Till: **25/01/2022**

002650532K

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	27 Jan 2012
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	30 Apr 2014

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"/>
Vehicle No.(For Motor)	<input type="text" value="GW29P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5070383724-03		AVENUE ENGINEERING PTE LTD	200720196N	GFT	Third Party, Fire & Theft	GW29P	GW29P	20/02/2018	