

NATIONAL Assessment Centre Services

Ref: Jan 2005

NA848106690

| | | | |
|----------------------------|---|------------------------|------------|
| Date In: 15/01/2008 16:50 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA848106690/481114 | E-mail (within 8hrs, A/C 2hrs): | | |
| Veh No: FBL 4731K | i-Motor Claim Form: MT/100/322-002 | | 15/01/2008 |
| D.O.A: 22/01/2008 12:00 | i-Motor W/O (Within: OD 2hrs, TP 4hrs): | | 17:07 |
| OD: TP / Reporting Only | 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: UNKNOWN CAR | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|-------------------------|---|---------------------|----------------------|
| NA805103 | Invoice Preparation Checklist | Amt (\$) In Bill | Amt (\$) Add Bill |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 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:- | | |
| | 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: Idac Mobile 30 | | |
| Auditors' Comments: | Invoice dated | Fee Charged | |
| Cal 1: | Invoice dated | Fee Charged | |
| Cal 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 | 15/08/2018 16:50 |
| Date Of Accident | 22/07/2018 12:00 |
| Exact Location Of Accident | KING'S ROAD BESIDE CROWN CENTRE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | FBL4731K |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN YEOW CHUAN, COLIN (CHEN YAOQUAN) |
| NRIC No | S8836651D |
| Email Address | COLIN.TYC@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96358091 |
| Alternative Phone No | OTHERS-96358091 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | KTM |
| Model | 200 DUKE-200CC |
| 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 | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5085401079-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------------------|
| Name of Driver | TAN YEOW CHUAN, COLIN (CHEN YAOQUAN) |
| NRIC No | S8836651D |
| Date Of Birth | 03/10/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/10/2016 |
| Driving Experience | 1 YEAR AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96358091 |
| Fax Number | |
| Contact Number | OTHERS-96358091 |
| Email Address | COLIN.TYC@GMAIL.COM |

| | |
|---|----------------------------------|
| Address: | BLK 8A BOON TIONG ROAD #21-78 |
| Postcode | 164008 |
| 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 | NO 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 | 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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| 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.
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:

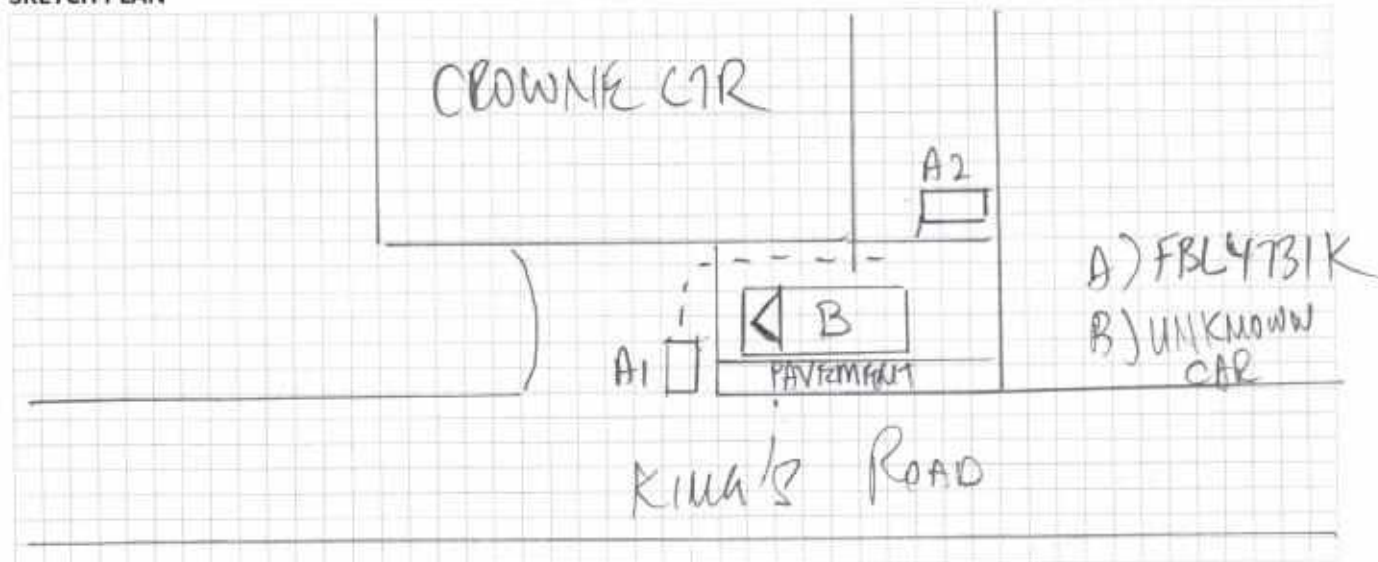
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 15/2/18

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 15/08/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22nd JULY at about 12PM, I was looking to park my motorcycle behind crown centre. The area is located along King's Road. As the area was located off the side of the building, I had to ride up onto the pavement to access the space. There was a car parked on the pavement itself and there was only a small gap in which I could use to access the space. After riding past the car, and parking my bike, the driver of the car came out and said that there were damages in the form of a scratch.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 15/8/18 / 11:53PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 15/08/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1004322

| | | | | | |
|---------------------|--------------------------------------|---------------------|---------------------------|----------------------|-----------|
| Policy No. | S085401079-01 | Vehicle No. | FBL4731K | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | TAN YEOW CHUAN, COLIN (CHEN YAOQUAN) | Cover Type | Third Party, Fire & Theft | Policyholder NRIC | S8836651D |
| Product Code | MOTORCYCLE INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | NA | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | + No Yes | eCode | No |
| KPA | + No Yes | NCD Entitlement(%) | 10 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|---------------------------------|-------------------------------|-------|---------------------|------------|
| Report Date | 24/07/2018 13:26 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 22/07/2018 | Time of Accident (hr:min) | 13:05 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | KING'S ROAD RESIDE CROWN CENTRE | | | | |

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 951 #06-572 | Address 2 | HOUANG AVENUE 9 | Address 3 | SINGAPORE 530961 |
| Address 4 | | Address Type | Singapore address | Post Code | 530961 |
| Unit No. | 06-572 | Related Policy Number | S085401079-01 | | |

01 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 * | DD-ME | Insured Name | TAN YEOW CHUAN, COLIN (CHEN YAOQUAN) | Insured NRIC | S8836651D |
| Contact No.(Mobile) | 96158091 | Contact No.(Office) | NIL | Contact No.(Home) | NIL |
| Email Address | | Vehicle Number | FBL4731K | TP Vehicle Number | 1JUKXC |
| Claim Description | FBL4731K / S085401079 ON 22 Jul 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop | | Insured Liability | Not at Fault | GIA report | Received |
| Damage No. Finalisation | Yes | Repair Option | Preferred Workshop, Name unknown | Claim Close Date | 15/08/2018 16:49 |
| Date Registered | | | | Date Received | 15/08/2018 |
| Report Taken By | AGSIE WAHAB | | | | |



Print AK letter

Save Submit

Attachment

| | | | | | |
|---------------------------------------|---|--------------------------|--------------------------|-------------------|-------------------|
| Accident No. | MT/1004322 | Claim No. | 002 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 15/08/2018 17:07 | | |
| Path * | | Category * | Confidential | Urgency * | Description |
| <div>Choose File</div> No file chosen | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> | |
| <div>Choose File</div> No file chosen | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> | |
| <div>Choose File</div> No file chosen | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> | |
| <div>Choose File</div> No file chosen | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> | |
| <div>Choose File</div> No file chosen | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> | |
| <div>Choose File</div> No file chosen | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> | |
| <div>Choose File</div> No file chosen | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> | |
| <div>Message Read</div> | | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | M |
|---|--|-----------------------|---------|---------------------------------|---|
|  | NAC_BUKIT_MERAH_800876(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 17:07 | SAS | Normal | SAS 2018-8-15 | |
|  | NAC_BUKIT_MERAH_800876(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 17:07 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-15 | |

8/15/2018

Claim Handling(Claim Task)

| | | | | |
|---|--|--------|--------|------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 16:50 | Photos | Normal | Photos 2018-8-15 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 16:50 | Photos | Normal | Photos 2018-8-15 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 16:50 | Photos | Normal | Photos 2018-8-15 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 16:50 | Photos | Normal | Photos 2018-8-15 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 16:50 | Photos | Normal | Photos 2018-8-15 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 16:50 | Photos | Normal | Photos 2018-8-15 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 16:50 | Photos | Normal | Photos 2018-8-15 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 16:50 | Photos | Normal | Photos 2018-8-15 |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 16:50 | Photos | Normal | Photos 2018-8-15 |

Video List

| Uploaded By/Date | Folder Date | File Name | ? | Source |
|------------------|-------------|---------------------------------------|------------------------------------|--------|
| | | Display in New Window | Scan and uploading | |

ACCIDENT STATEMENT

ACCIDENT DATE: 22/07/2018 (DD/MM/YYYY), TIME: 12:00 (HH:MM)

LOCATION: GRAND CENTRAL

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PBL 4731 K
 b) INSURANCE COMPANY: NWC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KTM Duke 200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: THAN BOW GUAN COLIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 88536651D CONTACT: 96358091
 c) ADDRESS: 5A BORN TIAN ROAD #21-79

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 03/10/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/10/16

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: UNKNOWN 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: _____

* No of passengers
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email = COLIN.TYC@GMAIL.COM

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8836651D



Name
TAN YEOW CHUAN, COLIN
(CHEN YAOQUAN)
陳耀泉

Race
CHINESE

Date of birth
03-10-1988

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8836651D



TAN YEOW CHUAN, COLIN
(CHEN YAOQUAN)

Birth Date 03 Oct 1988

Issue Date 05 Sep 2014



3411643



NRIC No. S8836651D



Date of issue
11-10-2009

APT BLK 8A BOON TIONG ROAD #21-79
SINGAPORE 184008

NRIC No. S8836651D Date: 20/08/2018

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

| Class | Class 2B | Class 2 | Motorcycles <= 200 CC | Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg | EFFECTIVE DATE |
|-------|----------|---------|-----------------------|---|----------------------------|
| | | | | | 12 Oct 2014 05 Sep 2014 |

S8836651D

S / No. 9000236612

NP 429A

License No. S8836651D



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="22/07/2018 11:54"/> |
| Vehicle No.(For Motor) | <input type="text" value="FBL4731K"/> | 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 |
|---|---------------|--------------------|--------------------------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
|  | 5085401079-01 | | TAN YEOW CHUAN, COLIN (CHEN YAOQUAN) | S8836651D | GMC | Third Party, Fire & Theft | FBL4731K | FBL4731K | 28/10/2017 | 27/10/2018 |

Continue