

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA0418125119

| | | | |
|---------------------------|---|------------------------|----------|
| Date In: 26/09/2008 17:55 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA0418125119 | E-mail (within 3hrs, AIC 2hrs): | | |
| Veh No: ST2828S | i-Motor Claim Form: MT101384001 | 26/09/2008 | |
| D.O.A: 26/09/2008 10:50 | i-Motor W/O (Within: OD 2hrs, TP 4hrs): | 18:19 | |
| 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: SCQ1180L

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

NA1806158

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

| | | |
|---|--|--|
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TF: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) iT: 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:- | | |
| 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 (Non INC) against INC \$20 | | |
| 9) N12: Idac 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 | 26/09/2018 17:55 |
| Date Of Accident | 26/09/2018 10:50 |
| Exact Location Of Accident | JUNCTION OF NORTH BRIDGE ROAD/BRAS BASAH ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SJT2828S |
| Insured/Policyholder | |
| Name Of Registered Owner | SUTJAHJO NGASERIN @ NG TJENG JAW |
| NRIC No | S2199589D |
| Email Address | SUTJAHJO@NGASERIN.COM |
| Mobile Phone No | (LOCAL) +65-98232828 |
| Alternative Phone No | OTHERS-98232828 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | TOYOTA |
| Model | PREMIO |
| Exact Purpose for which vehicle was being used at time of accident | FETCHING FAMILY |
| 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 | 5038081761-09 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------------|
| Name of Driver | SUTJAHJO NGASERIN @ NG TJENG JAW |
| NRIC No | S2199589D |
| Date Of Birth | 05/06/1958 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/08/1981 |
| Driving Experience | 37 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98232828 |
| Fax Number | |
| Contact Number | OTHERS-98232828 |
| Email Address | SUTJAHJO@NGASERIN.COM |

| | |
|---|----------------------------|
| Address | 102 GERALD DRIVE #04-71 |
| Postcode | 798593 |
| 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? | NO |
| Number of vehicles involved in the accident | |
| 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) | 3 |
| Passenger 1 | NAME: : WIFE GENDER: : FEMALE |
| Passenger 2 | NAME: : DAUGHTER GENDER: : FEMALE |

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 | SKQ1180L |
| Vehicle Make/Model/Colour | HONDA CIVIC |
| 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.



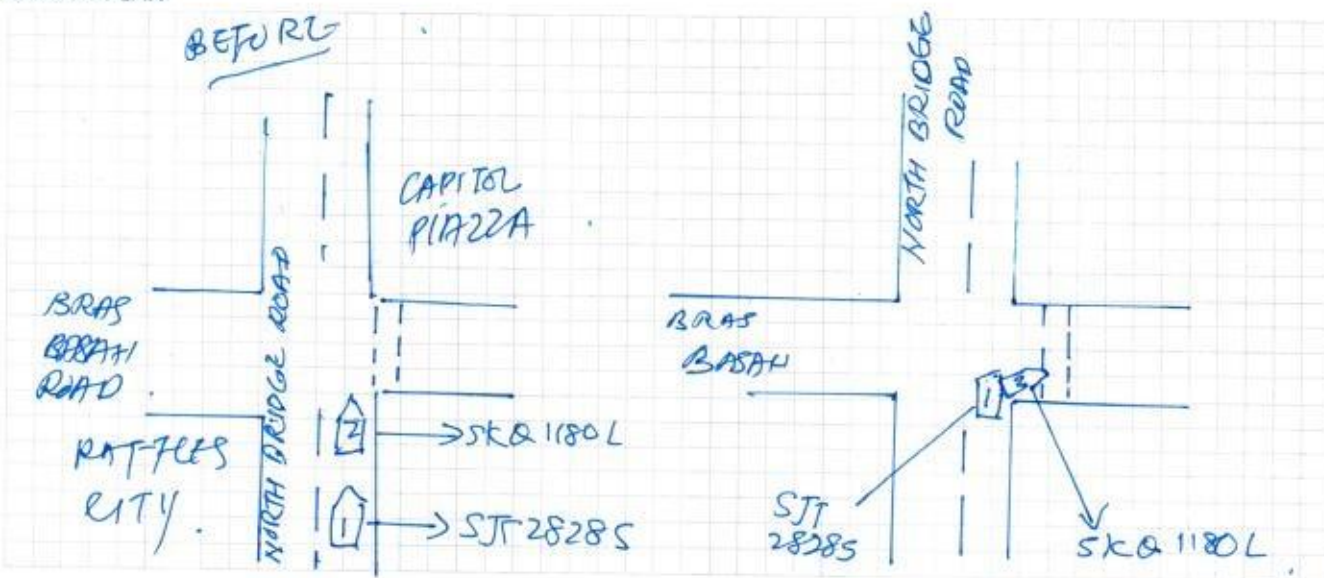
Policyholder's Signature
Date & Time:

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

26/09/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving behind SKQ-1180L and we were waiting for the traffic light to turn green. We both moved very slowly once the light turned green. The car SKQ-1180L suddenly stopped in front of a pedestrian crossing and my car right front gently hit into the left rear part of SKQ-1180L.

DECLARATION

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

Policyholder's Signature
Date & Time: 26/9/2018
3.09pm

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

Reporting Centre Personnel's Signature
Name: 26/09/2018
NRIC/FIN No.: [Signature]

Claim Handling

Accident MT/1013184

| | | | | | |
|---|---|-------------------------------|----------------------------|------------------------|--------------------------|
| Policy No. | 5038081761-09 | Vehicle No. | SJT28285 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | SUTIAHJO NGASERIN @ NG TJENG JAW | | | Policyholder NRIC | S2199589D |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 98232828 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KPI | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 50 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 26/09/2018 18:15 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 26/09/2018 | Time of Accident hh:mm | 10:50 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNCTION OF NORTH BRIDGE ROAD/BRAS BASAH ROAD | | | | |
| Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 102 GERALD DRIVE | Address 2 | #04-71 SELETAR SPRINGS CON | Address 3 | SINGAPORE 798593 |
| Address 4 | | Address Type | Singapore address | Post Code | 798593 |
| Unit No. | | Related Policy Number | 5038081761-09 | | |
| OI Driver Info | | | | | |
| Driver Name | SUTIAHJO NGASERIN @ NG TJENG JAW | Driver Type | Main Driver | Driver DOB | 05/06/1958 |
| Unnamed driver Name | | Driver NRIC | S2199589D | Driving Experience | 37 |
| Register Date of Driver License | 08/08/1981 | Driver Age | 60 | Contact No.(Home) | |
| Contact No.(Mobile) | 98232828 | Contact No.(Office) | | Address 3 | SINGAPORE 798593 |
| Address 1 | 102 GERALD DRIVE | Address 2 | #04-71 SELETAR SPRINGS CON | Post Code | 798593 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | SJT28285 | Driver Insurer Company | NTUC |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No | | |

Modification History

Claim 001 **New**

| | | | | | |
|---|-------------------------------------|-------------------------|----------------------------------|----------------------------|------------|
| Claim Type * | OD-MX | Insured Name | SUTIAHJO NGASERIN @ NG TJENG JAW | Insured NRIC | S2199589D |
| Contact No.(Mobile) | 98232828 | Contact No. (Home) | 64823828 | Contact No. (Office) | |
| Email Address | Sutiahjo@ngaserin.com | Vehicle Number | SJT28285 | TP Vehicle Number | SKQ11 |
| Claim Description | SJT28285 / SKQ1180L ON 26 Sept 2018 | | | | |
| Preferred Workshop | | Insured Liability | Fully at Fault | Name of Preferred Workshop | |
| Workshop No. | | Preferred Repair Option | Preferred Workshop, Name unknown | | |
| Finalisation | Yes | GIA report | Received | | |
| Date Registered | 26/09/2018 18:17 | Claim Close Date | | Date Received | 26/09/2018 |
| Report Taken By | ROSLI WAHAB | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--|------------------|-----------------------|---------------------------------|
| Accident No. | MT/1013184 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 26/09/2018 18:19 |
| Path * | | | |
| Choose File | No file chosen | Clear | Category * |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | NO |
| Choose File | No file chosen | Clear | Normal |
| Choose File | No file chosen | Clear | Normal |
| Choose File | No file chosen | Clear | Normal |
| Choose File | No file chosen | Clear | Normal |
| Choose File | No file chosen | Clear | Normal |
| Message Read | | Clear | Normal |
| Attachment List | | | |
| Attachment | Uploaded By/Date | Category | Urgency |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:19 | | NRIC/ Driving License | Normal |
| | | Description | NRIC/ Driving License 2018-9-26 |



| | | | |
|--|--------|--------|------------------|
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:19 | SAS | Normal | SAS 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:19 | Photos | Normal | Photos 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:19 | Photos | Normal | Photos 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:19 | Photos | Normal | Photos 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:18 | Photos | Normal | Photos 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:18 | Photos | Normal | Photos 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:18 | Photos | Normal | Photos 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:18 | Photos | Normal | Photos 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:18 | Photos | Normal | Photos 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:17 | Photos | Normal | Photos 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:17 | Photos | Normal | Photos 2018-9-26 |
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| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:17 | Photos | Normal | Photos 2018-9-26 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 18:17 | Photos | Normal | Photos 2018-9-26 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 26/09/2018 (DD/MM/YYYY), TIME: (): () (HH:MM)

LOCATION: Junction North Bridge Road X Bras Basah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 28285
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 503808176109
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA PREMIO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: fetching family
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SUTJAHJO NGASERIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2199589D CONTACT: 98232828
 c) ADDRESS: 102, GERALD DRIVE #04-71, SELETAR SPRINGS, S798593

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: SUTJAHJO AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (05/06/1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 8/8/1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) FINE, SUNNY
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY
 6. WAS ANYBODY INJURED (YES / NO) NO
 7. a) REPORTED TO POLICE (YES / NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKB 1180L MODEL: HONDA CIVIC
 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:

WIFE
DAUGHTER

No of passengers
(including driver)
(3)

No of passengers
(including driver)

No of passengers
(including driver)

EMAIL = sutjahjo@ngaserin.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2199589D



Name

SUTJAHJO NGASERIN
@NG TJENG JAW

黄山耀

Race

CHINESE

Date of birth

05-06-1958

Sex

M

Country/Place of birth

INDONESIA



REPUBLIC OF SINGAPORE DRIVING LICEN

Licence Number: S2199589D

Name: SUTJAHJO NGASERIN
@ NG TJENG JAW

Birth Date: 05 Jun 1958
Issue Date: 30 Jun 2009

001756549E

9373845



NRIC No. S2199589D



Nationality

INDONESIAN

Date of issue

04-06-2015

Address

102 GERALD DRIVE
#04-71
SINGAPORE 798593

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 05 Aug 1961



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="26/09/2018 15:46"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJT2828S"/> | 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"/> | 5038081761-09 | | SUTJAHJO NGASERIN @ NG TJENG JAW | S2199589D | GPC | drive CLASSIC | SJT2828S | SJT2828S | 16/07/2018 | 15/07/2019 |