NATIONAL Assessment Centre S	ervices per month	Mr. A 4 01 229 01	2	
Date In 1/ 110/00/ 12 12	ch description	Date & Time Completed	Done	e by
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	i-Motor W/O (Within: OD 2	hitt (0) (0)		0-
	i-Photo Uploaded	1.		8
TP Insurer:	Assessment/Survey Report			
102 Hook-Walley 6	Ass't Report by Fax / Hand	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No:	126 H . INC	()/Non-INC()	E	
Owner / Driver: (Tel:)	
Policy No: () Period:	()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
		20%; P: 21-79%. P: 80-1	00%]	
P	inty: YES ()/NO ()		
General Remarks:- Loading : \$1,000 ()/\$2,000()	Personal State of the State of		
() Walk-In Customer: Customers information	on strictly Confidential &	DANGER AND A SECOND	EDA N	.5
() Total Loss Case : to e-mail Insurer UR		Strictly NO rater of repairer.		
Drive-In ()/ Towed-In (); Invoice: YE	Value of the second	T		
y invoice 12	s()/NO();	Towing Co: (<u>)</u>
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
Apply for Transport Allowance () / Courte OC Charle / Para Para in Inc.	sy Car ()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]	()			
	()			
Injury:				
Date/Time Actions			NAT OF	
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Claimant's Particulars :-	1) AR : Accide 2) DA : Damag 3) TF : Towing	nt Reporting (\$30); e Assessment (\$100); INC (\$80 Fee \$40/	lit Bill	
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Chumant's Particulars :- Driver/Owner: Contact No:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming	nt Reporting (\$30); e Assessment (\$100); INC (\$80) Fee \$40/ Through Survey \$ Through Survey (Resurvey) against INC Only (wef 10 Jan 2005)	14t Bill 0) 545 120 530	
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Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost Re *N8: DV / C	nt Reporting (\$30); e Assessment (\$100); INC (\$80) Fee \$40. Through Survey (Resurvey) against INC Only (wef 10 Jen 2003) action 4 + SMRT Survey \$ stional Services: sy Car / Tpt Allowance Co-ordination apair Inspection office Excess Coordination P (Non INC) against INC	14t Bill 7) \$45 120 530 \$75 160 \$25 510 525 55 520 300	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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. 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.

HEALTH NEW TREET NEW TO	ACCIDENT STATEMENT
Date Of Report	15/10/2018 17:12
Date Of Accident	12/10/2018 22:00
Exact Location Of Accident	ENTRANCE OF AUTRALIAN EMBASSY ,NAPIER ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH9477H
Insured/Policyholder	
Name Of Registered Owner	CHAN CHONG MING (CHEN ZHONGMING)
NRIC No	S8619452Z
Email Address	CHONGMING,CHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84881000
Alternative Phone No	OFFICE-84881000
Vehicle Particulars	
Manufacturer	YAMAHA
Model	X-1R-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	5091609223-01
Cover Note Number	
Driver	
Name of Driver	CHAN CHONG MING (CHEN ZHONGMING)
NRIC No	S8619452Z
Date Of Birth	22/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84881000
Fax Number	

OFFICE-84881000

CHONGMING, CHAN@GMAIL, COM

BLK 22 GHIM MOH LINK Address

#36-208

2710252 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OWNER

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

SLIGHT DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

YES

Was any body injured in the Accident? 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

DOVER NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7788999 - FAX NO: 67762859

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181013/2065 (TYPE OF COLLISION IS HEAD TO SIDE)

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 Vehicle Make/Model/Colour

SH8126H

Details Of Properties

TAXI

Vehicle Category Name of Driver

NG CHOON LAN

NRIC/Passport Number

S1621825A

Contact Number

93820601

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name CHAN CHONG MING (CHEN ZHONGMING)

Approximate Age

Injuries Sustain SLIGHT INJURY Injured person in which vehicle? FBH9477H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

1430 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel' Signature

Name:

NRIC/FIN No.:

lwe	iding along Nurter Road at the foremost left light, and as I was no
he	ustrajian Entropsy a blue confort toxis which was in the middle lane,
	mule a left turn into the Embassy. I has no time to react as it
hape	too fust, and I subsequently crushed into the taxi's left re
(5)	e passenger window. I was thrown off my amotorcycle and flowing toront
Pr	result, I how about no and bruises on my body. There were 2 or 3
	n pastengers inside the taxi, and they came down to assist me, as
	at point, they had no visible shipping on them. An amortance and 2
70.02	arrived at the scene.
17 100	allito at the scale.

DECLARATION

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

1430hrs.

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

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





Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

1 of 3 Report No. T/20181013/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 12:39		Made:	Vide Report No.:	Station Diary No.: 9	
Informa	nt's Partic	ulars		STATE OF THE PERSON OF THE PER	
	f Informant: CHONG MIN		Address: APT BLK 22 GHIM MOH LI	NK #36-208 SINGAPORE 271022	
Maria Company of the Company	/ ID No.: O / S86194	52Z	Contact No.: Home/Office:	Mobile: 84881000	
National SINGAP	lity: PORE CITIZ	EN	Email:	<u> </u>	
Sex: Male	Age:	Date of Birth: 22/07/1986	Type of Informant: Rider		
Race: Chinese	6		Language:	Institution / School Name:	
Occupation: Insurance Agent			Driving Licence Information: Class: 2B 2A 2 3 Date of Expiry:		

General Inform	mation of the Accident			The second second
Type of Accident:	Injury Attended by Police	ry Drink Date/Time of		Type of Location Straight Road
		ian Embassy		BA
Weather: Drizzling	72	Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way	- III	Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ilon: ring Vehicles - Head To S	ide	1	Anyone conveyed by ambulance: No

Details of V	ehicle Involve	d		TO THE RESERVE	AND REAL PROPERTY.	STATE OF STREET
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBH9477H	Motorcycle	YAMAHA	X-1R	Black	Seriously Damaged	0
SH8126B	Car				Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date		
FBH9477H	NTUC Income Insurance Co-Operative Limited	5091609223-01	25/04/2018	24/04/2019		



T/20181013/2065

Report No. T/20181013/2065

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

CONTINUATION OF REPORT

2 of 3

Any Pedestrian Ir	nvolved: No				
No. of Pedestrian		Use of Pede	Use of Pedestrian Crossing: NA		
Rider					
Name	CHAN CHONG MING	J.J.	ID No.		S8619452Z
Related Vehicle	FBH9477H (Motorcycle)		Conta	ct No.	84881000
Hospital/Clinic	Northeast Medical Group		Driving Licenc	lass of Class: 2B,2A,2, Date of Expiry: cence & xpiry Date	
Date Treatment	13/10/2018	Date Discha	arge	13/10	/2018
No. of Days gran	ted Medical Leave 03	Degree of I	njury	Slight	
Name	Unknown		ID No.		NIL
Related Vehicle	SH8126B (Car)		Conta	ct No.	93820601
Hospital/Clinic	NIL		Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	njury	NIL	

Brief Details.

On 12/10/2018 in between 2200hrs and 2230hrs, I was riding along Napier road at the foremost left last lane. As I was near the Australian Embassy, a Blue colour Comfort Taxi which was in the middle lane, suddenly took a left turn, to turn into the Australian Embassy. I had no time to react as it happened too fast and I subsequently hit onto the Taxi's left side near to the passenger door. Due to the accident, I had abrasions and bruises on my body. My bike had damages amounting to about \$\$2000/-. There were 2 to 3 Caucasian passengers inside the Taxi and at that point of time there were no visible injuries on them. Ambulance and Traffic Police were at scene. The Taxi driver informed me that she wants to have a private settlement however she had not answered my call till now.





Police Station Of Origin: Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

CONTINUATION OF REPORT

3 of 3 Report No. T/20181013/2065

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 / Sr Staff Sgt VIGNESWARAN MEENATCHI SUNDARAM SHANMUGANATHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2018 12:39
Officer In Charge Of Case: TP / GIT / Insp MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65476355	Classification Of Case:
Authentication Stamp NP168	8 9

Accident HT/1015763 Folicy No.								
Policy No.								
	5091609223-01	Vehicle No.	FBH9477H		GST Registrat	0000		
Certificate No.					CO 1 Harping	oigh fee.		
Polityholder Name	CHAN CHONG MING							
Product Cope	MOTORCYCLE INSURANCE	Cover Type			Policytuliter I	#IC	506154522	
Contact No.[Motive]	#4861000		Third Party		Loading		9.	
Email Adoresa	479013009	Contact No.(Office)			Contact No. (8	none)		
n.tr.	The same of	Special Remark			eCaite		No. *	
	+ No : (Fes	104	+ Nit Van		eCode Ressor			
NCD Protection	his	NCD Entitlement(%)	10		Private rine		1325	
→ Accident Details					kurkete mile		No.	
Report Date:	85/10/2018 18:14	Accident Report Within 24 hrs.	Wast					
Date of Accident			Yes		Accident Type	15	Others	
Reporting Centre	13/13/3018	Time of Accident his mm	32.60		Coursely of Ac-	cident	Singapore	
		Orange Force			ICM No.		CONTRACTOR	
Accident Location	ENTRANCE OF AUTRALIAN EMBASSY JUDPIER ROAD							
▽ farmes								
Own damage Excess	0.00	Additional Excess			INCREMENTAL PROPERTY.			
Unnamed Driver Excess		Duraide Singapore OD Excess			Windstreen Ex	12110		
Tried Party Excess	0.00							
₩ Benefits	W-00	Outside Singapore TF Excess						
	1910							
□ GST Registered Informa	Dán							
GST Registered	500		GST Regi	stration Date				
DST Registration No.				a Ventied	700			
Hadification Higgery					1			
Policyholder Mailing Add	PERF							
Address 1	RLK 22 #36-358	Adriess 1	0000715399					
Address 4		Address 2	GHIM MOH LINK		Address T		SINGAPORE 27	1022
Unit No.		Altonesi Type	fingspore address	-	Post Code		171922	1000
		Related Policy Number	5103664718					
→ OI Driver Infa								
Driver Name	CHAN CHONG HONG	Driver Type.	Hain Driver					
Unitaritied driver Noone		Driver NRDC	556194522	-	Driver DOS			
Responser Date of Driver License	01/10/2006	Driver Age	12.				22/67/1986	
Contact No.(Mobile)	H4881000	Carried No.(Office)	**		Driving Expens		13	
Address I	HLX 22 #36-208			7	Contact No.1He	rme)		
Address 4		Address 2	CHIM HOH LINK		E azentota		SINGAPORE 33	1022
Unit flip.		Address Type	Singapore address		Post Code		271022	
Dave he ewn a Singapore								
Registered car?	THE IS NO	Driver Vehicle No.	#8H5477H	9	Driver Braurer	Cummany	A100 A10	
						Carried State	NTUC	
Declaration								
Breathaleser or Blood Test	Dime	4 X D T O O O O O O O O O O O O O O O O O O	115 - 27111-0					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes a No					
Breathaleser or Blood Test	0 mg	Any injury?	Yes a to					
Breathalyser or Blood Test Reading?	0 mg	Any inpury?	Yes a No					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes a No					
Breathalyser or Blood Test Reading f Modification History	0 mg	Any injury?	Yes a tay					
Breathalyser or Blood Test Reading r Redification History	0 mg	Any injury?	Yes = 145					
Breathalyser or Blood Test Reading f Radification History	0 mg	Any injury?	Yes a tay					
Breath alyser or filood Test Reading r footification History Chaire 001 Name	0 mg	Any injury?	Yes a No					
Breath alyser or filood Test Reading r footification History Chaire 001 Name	0 mg	Any injury?	Yes a No	OD-MX +	Insured CIVA	IN CHONG MING	Insured	Sacia
Breathalyser or filood Test Reading f Recification History Claim 901 Nam	0 mg	Any injury?	Yes a Mo		Contact	N CHONG MING	MUC	28615
Breathalyser or filood Test Reading f Recification History Claim 901 Nam	0 mg	Any injury?	Yes a tab	OD-MX •	Contact No.	N CHONS MINIS	NRJC Contact No.	58619
Breath Alyser or Blood Test Reading r Rockhodon History Chaire 601 History Chaire 7500 * Contact No. (Nobile)	0 mg	Any injury?	Yes a tab	\$H881900	Contact No. (Home)		MICE Contact	58613
BreathAlywer or Blood Test Reading? Modification History	0 mg	Any injury?	Yes a tay	8-48WT900	Contact No. (Home) Of Vehicle Fills	IN CHONG MING	NRJC Contact No. (Office) TP Vehicle	58619 [58912
Breattialyser or filood Test Reading r flockfication History Claim 601 Nam Claim 7spe * Contact No. (Mobile)	0 mg	Any injury?	Yes a tay	significant standing mail corn	Curriact Np. (Home) Ot Vehicle Plan Number		NGC Contact NG (Office) TP Vehicle Number	[SH812
Scaling of Blood Test Reading of Blood Test Reading of Blood	0 mg	Any injury?	Yes a Mo	\$H881900	Curriact Np. (Home) Ot Vehicle Plan Number		NATIC Contact No. (Office) TP Vertice Number Name o Frefere	[SH012
Breattlelyser or Blood Test Reading r Recting to the Breat Recting to t			Yes a Mo	significant standing mail corn	Curriact Np. (Home) Ot Vehicle Plan Number		NGC Contact NG (Office) TP Vehicle Number	
Scattlalyser or filood Test Reading f flockfication History Claim 601 Name Claim 730e * Contact No. (Nobile) Imai Address Claim Description Performed Notice of	Insured Limitry Not at Fault Figure Preferred Workshop, Name un	* SIA m		E-HRR1000 Changing changigmal.com FEHS477H / SHR120H ON 12 Oct	Curriact Np. (Home) Ot Vehicle Plan Number		NATIC Contact No. (Office) TP Vertice Number Name o Frefere	[SH012
Breatt Alyser or Blood Test Reading r Reciping r Reciping r Reciping r Claim 601 Name Claim 7500 * Contact No. (Nobile) The Address Claim Description Performed North-Reciping North-Reciping No. (Nobile)	Insured Liability Nut at Fault	*1	Yes a tab	E-HRR1000 Changing changigmal.com FEHS477H / SHRT20H ON 12 Oct	Contact No. (Home) Of Website Piller Number		MUCC Concept May (Office) TP Webicle Mumber Marme of Enfance Workship Workship Mumber	
Breathalyser or filood Test Reading f Claim 001 Nam Claim 001 Nam Contact No. (Nobile) Imad Address Term Description Performed Workshop Sequence To be sequenced The Hegistered	Insured Limitry Not at Fault Figure Preferred Workshop, Name un	* SIA m		####1000 Enongming chandigmail.com FBH8477H / SHR129H ON 12 Oct	Caim Chies		NATIC Contact No. (Office) TP Vertice Number Name o Frefere	[CH012
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ACCIDENT STATEMENT

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	100	c) POLICY NUMBER: 5091 609 223 - 01	
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		I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/	
	2	INSURED / POLICY HOLDER	
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		CIADDRESS: BUE DO GHIM MOH LINK #36	-28 ,27102
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	4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA	NY? (YES / NO)
0,5		IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	OWNER.
	5.	DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS SUM	AL DICIOZO
	791	b)road surface: (DRY / WET / OTHERS Was anybody injured (YES / MO)	
		a) REPORTED TO POLICE (YES / NO)	
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EMPLL = Chongming chan @ gmail.com VIOEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8619452Z





CHAN CHONG MING (CHEN ZHONGMING)

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CHINESE

22-07-1986

Country/Place of Meth SINGAPORE





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Date of lease 02-05-2017

APT BLK 22 GHIM MOH LINK #36-208 SINGAPORE 271022

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eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out My Desktop Policy Query Notice of Lass Policy No. Date of Accident 12/10/2018 17:09 Vehicle No.(For Motor) FBH9477H Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle No. Insured Object Product Cover Type Commence Date Expiry Date CHAN CHONG MING 5091609223-585194522 GMC Third Party FBH9477H FBH9477H 25/04/2018 24/04/2019 01 Continue