

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **NA 48734078**

Date In: <b>15/10/2018 18:23</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA 48734078</b>	SAS e-filing		
Veh No: <b>FBS 74664</b>	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: <b>13/10/2018 18:20</b>	i-Motor Claim Form	<b>15/10/2018 18:14</b>	
OD <b>(IP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: **SMC 90367** 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 806675**

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) 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			
	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			
	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 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.

### ACCIDENT STATEMENT

Date Of Report	15/10/2018 18:23
Date Of Accident	13/10/2018 18:20
Exact Location Of Accident	LOWER KENT RIDGE RD TOWARDS SOUTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7446A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUANG BIN BAKAR
NRIC No	S8188227D
Email Address	IPINDILAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90297964
Alternative Phone No	OTHERS-90297964

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094589353-01
Cover Note Number	

### Driver

Name of Driver	BUANG BIN BAKAR
NRIC No	S8188227D
Date Of Birth	05/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	20/09/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90297964
Fax Number	
Contact Number	OTHERS-90297964
EEmail Address	IPINDILAH@GMAIL.COM



Address	BLK 2 GHIM MOH ROAD #06-332
Postcode	270002
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 ON 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?	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/20181013/2171

#### 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	SMC9036T
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO ZHEN TAI DESMOND
NRIC/Passport Number	S8704710E
Contact Number	91794710
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	BUANG BIN BAKAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ7446A
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**.
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.

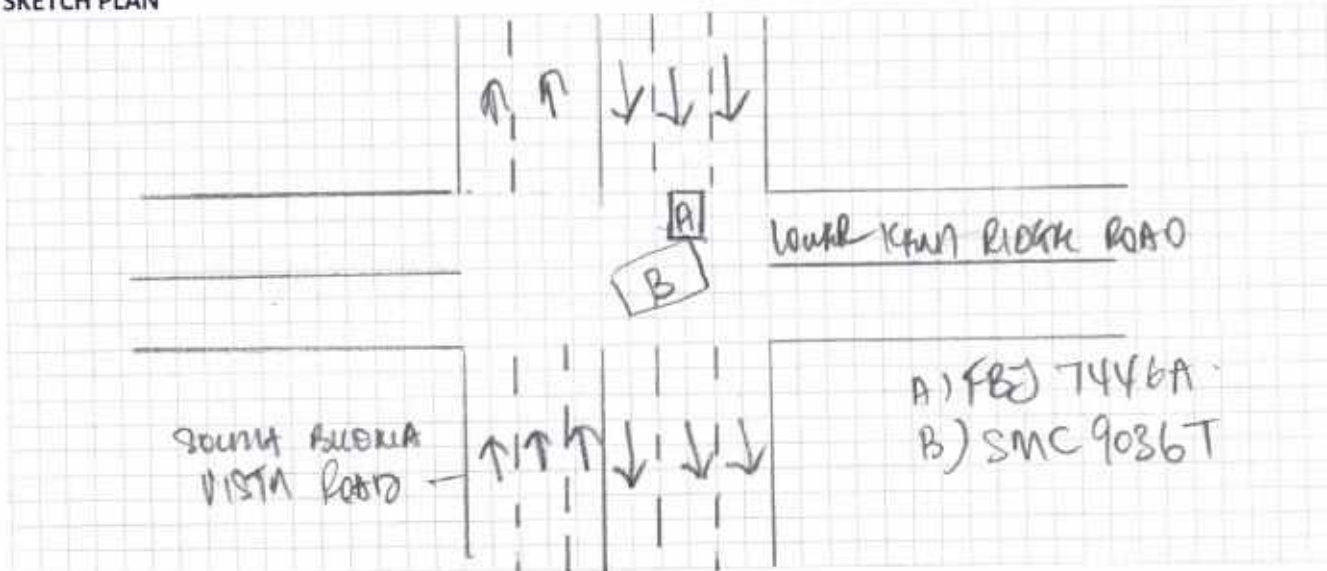
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PS Refer to Police report*  
*7/20/10/13/2171*

## DECLARATION

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

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.:



# SINGAPORE POLICE FORCE



T/20181013/2171

1 of 3

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

Report No. T/20181013/2171

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 22:57	Vide Report No.:	Station Diary No.: 85
--------------------------------------------	------------------	--------------------------

### Informant's Particulars

Informant's Particulars			Address:	
Name of Informant: BUANG BIN BAKAR			APT BLK 2 GHIM MOH ROAD #06-332 SINGAPORE 270002	
ID Type / ID No.: NRIC NO / S8188227D			Contact No.: Home/Office:	Mobile: 90297964
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 37	Date of Birth: 05/10/1981	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: FOOD DELIVERY			Driving Licence Information: Class:	Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/10/2018 18:20	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 KENT RIDGE ROAD				
Along Kent Ridge Road toward South Buona Vista				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7446A	Motorcycle	YAMAHA	FZ 16	Blue	Slightly Damaged	0
SMC9036T	Car				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7446A	NTUC Income Insurance Co-Operative Limited	5094589353-01	30/09/2018	29/09/2019





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

Report No. T/20181013/2171

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	BUANG BIN BAKAR	ID No.	S8188227D
Related Vehicle	NIL	Contact No.	90297964
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/10/2018	Date Discharge	13/10/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight
<b>Driver</b>			
Name	TEO ZHEN TAI DESMOND	ID No.	S8704710E
Related Vehicle	NIL	Contact No.	91793881
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 13/10/2018 at about 1820hrs, I was travelling along South Bunoa Vista road towards Holland Road and it was a T Junction. While I was riding straight, a Vehicle turned right and I collided with his front left bumper. The traffic light are both in our favor. He was not injure however I suffered abrasion of my right knee. Traffic police and ambulance was at scene however no one was convey. His vehicle has a built in camera and I requested the footage and he gave to me.

After the incident, I felt pain in my knee and thigh and could not walk properly hence decided to go to National University Hospital to check up and was given 14 days MC.

I wish to state that the traffic police did not give me any case card.





**SINGAPORE  
POLICE FORCE**



T/20181013/2171

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

3 of 3

Report No. T/20181013/2171

**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 1 LIM TIAN WEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
13/10/2018 22:57

Classification Of Case:

SIGNATURE

## Claim Handling

## Accident MT/1015768

Policy No.	504589353-01	Vehicle No.	FB27446A	GST Registration No.	
Certificate No.					
Policyholder Name	BUANG BIN BAKAR			Policyholder NRIC	S8188227D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90297964	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFis	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## Accident Details

Report Date	15/10/2018 18:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	13/10/2018	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOWER KENT RIDGE RD TOWARDS SOUTH BUONA VISTA RD				

## 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			

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 2 #06-332	Address 2	CHEN MOH ROAD	Address 3	GHIM MOH GREEN
Address 4	SINGAPORE 270002	Address Type	Singapore address	Post Code	270002
Unit No.	06-332	Related Policy Number	504589353-01		

## OI Driver Info

Driver Name	BUANG BIN BAKAR	Driver Type	Main Driver	Driver DOB	05/10/1991
Unnamed driver Name		Driver NRIC	S8188227D	Driving Experience	14
Register Date of Driver License	20/09/2004	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	90297964	Contact No.(Office)		Address 3	GHIM MOH GREEN
Address 1	BLK 2 #06-332	Address 2	CHEN MOH ROAD	Post Code	270002
Address 4	SINGAPORE 270002	Address Type	Singapore address		
Unit No.	06-332				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FB27446A	Driver Insurer Company	RTUC

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	BUANG BIN BAKAR	Insured NRIC	S8188227D
Contact No.(Mobile)	90297964	Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	FB27446A	TP Vehicle Number	BMC90
Claim Description	FB27446A / SMC9036T ON 13 Oct 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Insured No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/10/2018 18:39	Claim Close Date		Date Received	15/10/2018
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

## Attachment

Accident No.	MT/1015768	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/10/2018 18:41
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:41		Photos	Normal	Photos 2018-10-15



▼ [Video List](#)

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Start and uploading</a>	

# ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 10 / 2018 (DD/MM/YYYY), TIME: 18 : 20 (HH:MM)

LOCATION: Alor Gajah Road, 100m from Tanjong Seng, Kajang, Selangor

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS 7446A  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha FZ16  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
 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: Desmond Teo Zhen Tai (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8704710E CONTACT: \_\_\_\_\_  
 c) ADDRESS: BK 292A Bukit Batok East Ave 6  
#01-202 S(651292)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: BURNING BIRD BAKAR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 15 / 02 / 1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/09/2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) own

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Clear)

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

6. WAS ANYBODY INJURED (YES/NO) YES

7. a) REPORTED TO POLICE (YES/NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: Queenstown NPA

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMC 9036T MODEL: Hyundai  
 b) DRIVER'S NAME: Desmond Teo Zhen Tai  
 c) NRIC/FIN/PASSPORT: S8704710E CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

EMAIL = ipindilahi@gmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8188227D



Name

BUANG BIN BAKAR

Race

MALAY

Date of birth

05-10-1981

Country/Place of birth

MALAYSIA

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8188227D

Name

BUANG BIN BAKAR

Birth Date 05 Oct 1981

Issue Date 20 Dec 2013



9296878

NRIC No. S8188227D

Nationality

MALAYSIAN

Date of issue

21-05-2013

APT BLK 2 GHIM MOH ROAD #08-332  
SINGAPORE 270002

NRIC No. S8188227D

Date: 06/01/2016

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc

20 Sep 2004



Licence No: S8188227D

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="13/10/2018 15:39"/>
Vehicle No.(For Motor)	<input type="text" value="FBJ7446A"/>	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"/>	5094589353-01		BUANG BIN BAKAR	S8188227D	GMC	Third Party, Fire & Theft	FBJ7446A	FBJ7446A	30/09/2018	29/09/2019