

NATIONAL Assessment Centre Services. [ver 1 Jan 05] MAY 18 10 48 33

Date In: 08/11/2018 19:18	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/01027114	SAS e-filing		
Veh No: FBE 4017B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/09/2018 15:00	I-Motor Claim Form	M1/10/7809-002	08/11/2018
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		19:33
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: FBJ 74814 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%. P: 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)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA1807232

Claimant's Particulars:	Invoice Preparation (Gledif) ()	
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) PT: Follow-Through Survey (Resurvey) \$30	
Pat. 1:	For claiming against INC Only (ver 10 Jan 2009)	
Pat. 2/3:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NIUC Additional Services:-	
	OD:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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	08/11/2018 19:18
Date Of Accident	20/09/2018 15:00
Exact Location Of Accident	CARPARK OF BUGIS JUNCTION AT MOTORCYCLE LOTS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4017B
Insured/Policyholder	
Name Of Registered Owner	WONG KOK CHUNG, NIGEL
NRIC No	S9235541A
Email Address	NIGELWONGKC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96781479
Alternative Phone No	OTHERS-96781479

Vehicle Particulars

Manufacturer	DUCATI
Model	M696
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5084148582-01
Cover Note Number	

Driver

Name of Driver	WONG KOK CHUNG, NIGEL
NRIC No	S9235541A
Date Of Birth	27/09/1992
Occupation	INDOOR
Date Of Driving Pass	13/07/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96781479
Fax Number	
Contact Number	OTHERS-96781479
Email Address	NIGELWONGKC@GMAIL.COM

Address	3 SPRINGWOOD CLOSE
Postcode	118078
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181107/2103

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	FBJ7481Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBG5326S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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)**

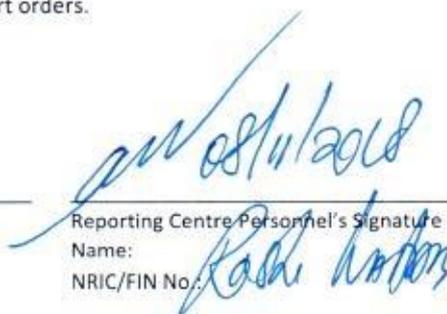
I understand, acknowledge, agree and consent that:

- (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:



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

SKETCH PLAN

CRASH OF BUGS JUNCTION MOTORCYCLE LOSS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Do not~~

AS REFER TO POLICE REPORT
 7/2018/107/2103

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20181107/2103

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20181107/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2018 16:53	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars			
Name of Informant: WONG KOK CHUNG, NIGEL		Address: 3 SPRINGWOOD CLOSE SINGAPORE 118078	
ID Type / ID No.: NRIC NO / S9235541A		Contact No.:	Mobile: 96781479
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 27/09/1992	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: FINANCIAL ADVISOR		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/09/2018 15:00	Type of Location: Car Park
Location: Along Road 1 VICTORIA STREET CARPARK OF BUGIS JUNCTION AT THE MOTORCYCLE LOTS			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4017B	Motorcycle	DUCATI	M696	White		0
FBG5326S	Motorcycle	YAMAHA	FZ-16			0
FBJ7481Y		YAMAHA	FZ-16			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20181107/2103

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20181107/2103

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE4017B	NTUC Income Insurance Co-Operative Limited	5084148582-02	23/09/2018	22/09/2019

Brief Details.

On 20/09/2018 at about 3.00pm I just parked my motorcycle (FBE4017B), I kicked down the side stand however I was not aware that the side stand was not fully extended. I got off my bike and it fell onto a bike beside mine which caused it to hit onto the bike beside it as well. I picked up the bike that fell down. I did not leave my contact details as I was in a rush to meet a client.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20181107/2103

3 of 3

Report No. T/20181107/2103

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:

G /
Sgt 2 RANDY RONALD MINJOOT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/11/2018 16:53

Classification Of Case:

- M
- Cl
- Co
- Em
- Cl
- Pre
- Work
- En
- Final
- Date
- Report
- Priv
- Attach
- Accident
- Last Doc
- Choose
- Choose
- Choose I
- Choose F
- Choose F
- Choose F
- Message R
- Attach
- Attach

Claim Handling

Accident MT/1017809

Policy No.	5084148582-01	Vehicle No.	FBE4017B	GST Registration No.	
Certificate No.					
Policyholder Name	WONG KOK CHUNG, NIGEL			Policyholder NRIC	59235541A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	30/10/2018 16:39	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	20/09/2018	Title of Accident hh:mm	15:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUGIS JUNCTION BASEMENT 2 CARPARK OFFICE TOWER				

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	3 SPRINGWOOD CLOSE	Address 2	SPRINGWOOD	Address 3	SINGAPORE 118078
Address 4		Address Type	Singapore address	Post Code	118078
Unit No.		Related Policy Number	5084148582-02		

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	WONG KOK CHUNG, NIGEL	Insured NRIC	5923
Contact No.(Mobile)	95781479	Contact No. (Home)	65497846	Contact No. (Office)	
Email Address		01 Vehicle Number	FBE4017B	TP Vehicle Number	F8J7
Claim Description	FBE4017B / F8J7481Y ON 20 Sept 2018				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Preferred Repair Option		Preferred Workshop, Name unknown		Claim Close Date	08/11/2018 19:17
Date Registered				Date Received	08/11
Report Taken By			ROSLI WAHAB	Workshop Repairer	Total Loss but Repaired

Print AK letter

Save Submit

Attachment

Accident No.	MT/1017809	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	08/11/2018 19:33
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 08 Nov 2018 19:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 08 Nov 2018 19:33	SAS	Normal	SAS 2018-11-8



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:18	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:18	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:18	Photos	Normal	Photos 2018-11-8
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:17	Photos	Normal	Photos 2018-11-8
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 19:17	Photos	Normal	Photos 2018-11-8

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

ACCIDENT DATE: 20/09/2018 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: BUGIS JUNCTION CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE4017B
- b) INSURANCE COMPANY: NTUC INCOME
- c) POLICY NUMBER: 5084148582-02
- d) POLICY TYPE: (COMPREHENSIVE) (THIRD PARTY) THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: DUCATI MONSTER 896
- 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: WONG KUN CHUNG, NIGEL (MALE) (FEMALE)
- b) NRIC/FIN/PASSPORT: S9735541A CONTACT: 96781479
- c) ADDRESS: 3 SPRINGWOOD CLOSE

* 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: (27/09/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) (OUTDOOR)

i) DATE OF DRIVING PASS _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

- 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: FEG5376S MODEL: YAMAHA FZ-16
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: FB37481Y MODEL: YAMAHA FZ-16
- 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 = nigelwongkc@gmail.com

fax =

VIBED

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9235541A



Name
WONG KOK CHUNG, NIGEL

黄 国 忠

Race
CHINESE
Date of birth
27-09-1992
Sex
M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9235541A
Name
WONG KOK CHUNG, NIGEL

Birth Date 27 Sep 1992
Issue Date 07 Aug 2012

002094204D

4112902



NRIC No. S9235541A



Date of issue
10-10-2007

Address

3 SPRINGWOOD CLOSE
SINGAPORE 118078

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	11 Jan 2013
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	17 Jul 2014
Class 2	MOTORCYCLES EXCEEDING 400 CC	13 Jul 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	07 Aug 2012

S/ No. 99235541A

S / No. 9000262544

NP 428A



License No. S9235541A

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="20/09/2018 16:30"/>
Vehicle No.(For Motor)	<input type="text" value="FBE4017B"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084148582-01		WONG KOK CHUNG, NIGEL	S9235541A	GMC	Third Party	FBE4017B	FBE4017B	23/09/2017	22/09/2018