

NATIONAL Assessment Centre Services.

(wef 1 Jan 05)

NA1807592

Date In: 20/1/2018 11:16	Job description	Date & Time Completed	Done by
Ref No: NA1807592	SAS e-filing		
Veh No: STS 9676 Y	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 19/1/2018 17:00	I-Motor Claim Form	MT/1020493-001	20/1/2018 11:46
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No:	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 () / Non-INC ()	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

NA1807592	Invoice Preparation Checklist
Claimant's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$50)
Contact No:	3) TP: 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) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (N11): TP (Non INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	20/11/2018 11:16
Date Of Accident	19/11/2018 17:10
Exact Location Of Accident	AMARA HOTEL CARPARK 165 TANJONG PAGAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9676Y
Insured/Policyholder	
Name Of Registered Owner	LAW NGIAP HUI
NRIC No	S8216066C
Email Address	MR.LAW.GEO.HIST@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98297704
Alternative Phone No	OTHERS-98297704

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTING HOME
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	5092139524-01
Cover Note Number	

Driver

Name of Driver	LAW NGIAP HUI
NRIC No	S8216066C
Date Of Birth	31/05/1982
Occupation	INDOOR
Date Of Driving Pass	06/11/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98297704
Fax Number	
Contact Number	OTHERS-98297704
EMail Address	MR.LAW.GEO.HIST@GMAIL.COM

Address	BLK 610 HOUGANG AVENUE 8 #02-490
Postcode	530610
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 PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 SKETCH PLAN AND POLICE REPORT D/20181120/2005

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 20/11/18 9:25am

Driver's Signature

(If driver is not the policyholder)

Date & Time:



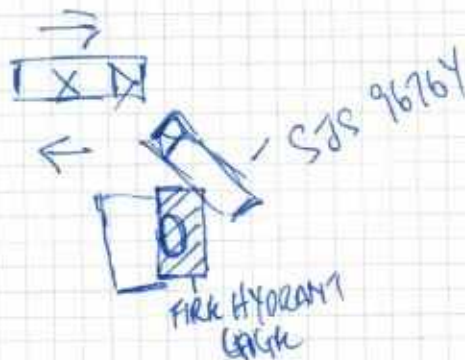
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Regd Wajah

SKETCH PLAN

Amara Hotel Carpark



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the I was driving out of the Amara Hotel carpark when I reached the slope connecting up to B1. ~~upon~~ Just when I was about to make a left turn, a car was on the right side of the slope coming downwards. As the space is rather constraint, I had to keep left as I make my turn. After successfully making a left turn halfway, I heard a loud scratching sound on the rear left car door. I reversed, exited the car & realised that the metal cage encapsulating a fire hydrant had just scratched my car. I noticed that the metal cage was already faulty with the sharp edges jutting out, which was the reason why the car could get the deep scratches. I make a verbal report, speaking to the Amara Hotel security supervisor Mr Faizal. He took down my particulars & said that he will get back to me in 2 days time.

Police Report 0/2018/120/2005

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 20/11/18 9:25am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 20/11/2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Roshni Kumar



**SINGAPORE
POLICE FORCE**



D/20181120/2005

1 of 2

POLICE REPORT (NP299)

Report No. D/20181120/2005

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

Date/Time Report Made 20/11/2018 10:11	Vide Report No.	Station Diary No. 8		
Name Of Informant LAW NGIAP HUI	Address APT BLK 610 HOUGANG AVENUE 8 #02-490 SINGAPORE 530610			
ID Type / ID No. NRIC NO / S8216066C	Contact No. Home/Office	Mobile 98297704		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation TEACHER	Sex Male	Age 36	Date of Birth 31/05/1982	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 19/11/2018 17:10	Location Of Incident 165 TANJONG PAGAR ROAD AMARA SINGAPORE SINGAPORE 088539			

Brief details.

On 19/11/2018 at about 1710hrs, I was driving my car, registration number SJS9676Y, up the slope, going out from the carpark. Suddenly, I heard some scratching sound from left side. I reversed my car at a better spot, so as not to cause any obstruction. I alighted from my car and discovered that the cage door of a fire hydrant was on the floor with the edges jutting outwards. I believed that the damaged cage caused my car to scratch. The fire hydrant was placed at the corner of the slope. I believed that the fire hydrant was damaged before the accident.

Signature Of Officer Recording The Report:

D / Staff Sgt NOORHIDAYAT BIN WAHID

Signature Of Interpreter:
Not applicable

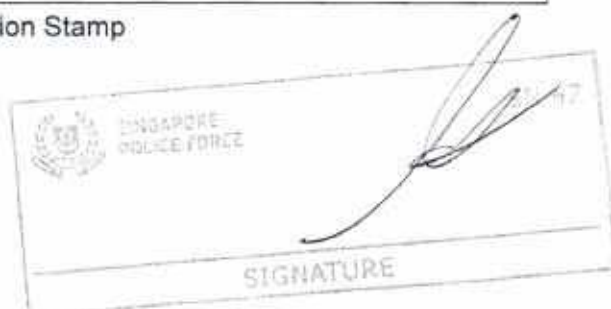
Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
ASP MAN KAH WEI, BRANDON
Contact No.: 68729999

Authentication Stamp

Signature Of Informant:

Date/Time:
20/11/2018 10:11

Classification Of Case:





**SINGAPORE
POLICE FORCE**



D/20181120/2005

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181120/2005

I am lodging this report for claiming purposes.

Signature Of Officer Recording The Report:

D / Staff Sgt NOORHIDAYAT BIN WAHID

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
ASP MAN KAH WEI, BRANDON
Contact No.: 68729999

Authentication Stamp

Signature Of Informant:

Date/Time:
20/11/2018 10:11

Classification Of Case:



Claim Handling

Accident MT/1020493

Policy No.	5092139524-01	Vehicle No.	SJ59676Y	GST Registration No.	
Certificate No.					
Policyholder Name	LAW NGIAP HUI	Cover Type	Drive CLASSIC	Policyholder NRIC	S8216066C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98297704	Special Remarks		Contact No.(Home)	
Email Address		TCA	Yes / No	eCode	No *
KFK	Yes / No	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	20/11/2018 11:43	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	19/11/2018	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMARA HOTEL CARPARK 155 TANJONG PAGAR ROAD				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	BLK E10 #02-490	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530610
Address 4		Address Type	Singapore address	Post Code	530610
Unit No.		Related Policy Number	5092139524-01		

OT Driver Info

Driver Name	LAW NGIAP HUI	Driver Type	Main Driver	Driver DOB	31/05/1982
Unnamed driver Name		Driver NRIC	S8216066C	Driving Experience	3
Register Date of Driver License	06/11/2015	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	98297704	Contact No.(Office)		Address 3	SINGAPORE 530610
Address 1	BLK E10 #02-490	Address 2	HOUGANG AVENUE 8	Post Code	530610
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.	SJ59676Y	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes / No
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Modification History

Claim 001 New

Claim Type *	OO-WX *	Insured Name	LAW NGIAP HUI	Insured NRIC	S8216
Contact No.(Mobile)	98297704	Contact No. (Home)		Contact No. (Office)	
Email Address	mr.law.gps.hst@gmail.com	OT		TP	
Claim Description	Vehicle Number		SJ59676Y	Vehicle Number	
Preferred Workshop	Insured Liability		Not at Fault	Name of Preferred Workshop	
Relevant No. Finalisation	Yes *	Preferred Reper Option	Preferred Workshop, Name unknown	ICM Report	Received *
Date Registered	20/11/2018 11:45	Claim Close Date		Date Received	20/11/2018
Report Taken By	ACSLI WAKHB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1020493	Claim No.	001
Last Doc. Received	Yes / No	Upload Date	20/11/2018 11:46
Path *		Category *	Confidential
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		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_80676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2018 11:46		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-20	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2018 11:46	SAS	Normal	SAS 2018-11-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2018 11:46	Photos	Normal	Photos 2018-11-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2018 11:46	Photos	Normal	Photos 2018-11-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2018 11:46	Photos	Normal	Photos 2018-11-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2018 11:46	Photos	Normal	Photos 2018-11-20
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2018 11:45	Photos	Normal	Photos 2018-11-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2018 11:45	Photos	Normal	Photos 2018-11-20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 11 / 2018 (DD/MM/YYYY), TIME: 17 : 10 (HH:MM)

LOCATION: Amara Hotel carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 9676Y
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5092139524-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Altis
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commuting home
 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: Law Ngiap Hui (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8216066C CONTACT: 98297704
 c) ADDRESS: Blk 610, Hougang Ave 8 #02-490 S(530610)

* 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: 31/05/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06/11/2018

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Relative

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: _____ 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: _____

Email = mr.law.geo.hist@gmail.com

Fax = _____

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8216066C



Name

LAW NGIAP HUI

卢业挥

Race

CHINESE

Date of birth

31-05-1982

Country of birth

SINGAPORE

Sex

M

S8216066C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8216066C

Name

LAW NGIAP HUI

Birth Date: 31 May 1982

Issue Date: 06 Nov 2015



002490830K

SG
50



4811876

NRIC No. S8216066C



Date of issue

07-12-2012

APT BLK 810 HOUGANG AVENUE 8 #02-480
SINGAPORE 530610

NRIC No:

S8216066C

Date:

12/10/2017

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg 06 Nov 2015
 $<$ 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg



Licence No: S8216066C

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="19/11/2018 10:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SJS9676Y"/>	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"/>	5092139524-01		LAW NGIAP HUI	S8216066C	GPC	drive CLASSIC	SJS9676Y	SJS9676Y	17/09/2018	16/09/2019
<input type="button" value="Continue"/>										