

NATIONAL Assessment Centre Services

(VAT 131700)

MA18157540

Date In: 05/12/2018 17:38	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/8021977	SAS e-Milling		
Veh No: SLX 3787A	E-mill (within 3hrs, A/C 3hrs)		
D.O.A: 04/12/2018 01:00	1-Motor Claim 1' or in	MT11022823-001	06/12/2018
OD / TP / Reporting Only	1-Motor W/O (within 60 mins, TP 3hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Veh No: JSR 9219	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	% (Note: B/L 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 repeler.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC/Outline: 6788 0016	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:

Order No.	Action

MA1807991	Invoice Preparation Checklist
Customer's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$150
	5) RT: Follow-Through Survey (Resurvey) \$20
	For claiming against INC Only (wef 10 Jan 2001)
	6) TR: Re-inspection \$75
	7) NI: IDV DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) Q1:
C. Checked by (Engr-In-Charge):	1) NI: Courtesy Car / Tpl Allowance \$5
	2) NI: Repairs Coordination \$10
	3) NI: Post Repair Inspection \$25
	4) NI: DY / Collect Excess Coordination \$5
	5) TP (NI) / TP (Non INC) against INC \$20
	6) NI: IDV Mobile \$10
	Invoice dated
	Not Charged
	Not 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 willful 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	05/12/2018 17:38
Date Of Accident	04/12/2018 01:00
Exact Location Of Accident	WOODLANDS C/POINT ENTERING S'PORE FROM MALAYSIA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3787A
Insured/Policyholder	
Name Of Registered Owner	VIDA & PARTNERS PTE LTD
Co Reg No	201534751W
Email Address	05.KARIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94236150
Alternative Phone No	OFFICE-97592105

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200CGI
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078366583-02
Cover Note Number	

Driver

Name of Driver	ABDUL KARIM BIN NAZIR AHMAD
NRIC No	S7437003I
Date Of Birth	05/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94236150
Fax Number	
Contact Number	OTHERS-97592105
EMail Address	05.KARIM@GMAIL.COM

Address	BLK 580 HOUGANG AVENUE 4 #02-622
Postcode	635580
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
Foreign Vehicle Registration Number	JSR9219 (PRIVATE CAR)
Number of vehicles involved in the accident	2
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	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/20181205/2035

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	JSR9219
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI EE REN
NRIC/Passport Number	950620015983
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

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

Reporting Centre Personnel's Signature
Name: *Rashid*
NRIC/FIN No. *06112/2018*

SKETCH PLAN

S'Pole Custom Before check point (WOODCONOS)

A = SLX3787 A

B = JSR 9219



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ps Refused to police report
7/2018 1205 / 2035

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)

Reporting Centre Personnel's Signature
 Name: *Ref. 1205/2035*



SINGAPORE POLICE FORCE



T/20181205/2035

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

1 of 3

Report No. T/20181205/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2018 12:13		Vide Report No.:		Station Diary No.: 25
Informant's Particulars				
Name of Informant: ABDUL KARIM BIN NAZIR AHMAD		Address: APT BLK 580 HOUGANG AVENUE 4 #02-622 SINGAPORE 530580		
ID Type / ID No.: NRIC NO / S7437003I		Contact No.: Home/Office: Mobile: 97592105		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 44	Date of Birth: 05/11/1974	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Other car and light goods vehicle - drivers nec		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 04/12/2018 01:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS CENTRE ROAD				
Woodlands Checkpoint entering Singapore from Malaysia				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSR9219	Car					0
SLX3787A	Car	MERCEDES BENZ	E 200CGI	Beige		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181205/2035

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

2 of 3

Report No. T/20181205/2035

CONTINUATION OF REPORT

Driver			
Name	LAI EE REN	ID No.	NIL
Related Vehicle	JSR9219 (Car)	Contact No.	NIL
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
Driver			
Name	ABDUL KARIM BIN NAZIR AHMAD	ID No.	S7437003I
Related Vehicle	SLX3787A (Car)	Contact No.	97592105
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 the 04/12/2018 at around 0100hrs, I was coming back to Singapore from Malaysia. I was driving a rental car (SLX3787A). I was driving my car at a very slow speed due to heavy jam. There was a Malaysian car JSR 9219 in front of me. As the car was inching forward, I proceeded to inch forward too. However, I did not notice that the car stopped and I hit the car from the back. I came out to inspect the car and discovered that there was a very small dent at the rear center of the car. I exchanged particulars with the driver of the car. We both agreed that we will have a private settlement and I will pay for his car damage. The driver informed that once he goes back to Malaysia, he will give me a call back. We then proceeded on with the journey. There is a very slight scratch on the front of my car. Other than that, there is no other damages. I do not have any in car camera installed in my car. I am lodging this report as it has been more than 24 hours but the driver has not called me thus I am lodging this for my own record and to prevent any fraudulent claims.



**SINGAPORE
POLICE FORCE**



T/20181205/2035

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

3 of 3

Report No. T/20181205/2035

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 SURENDDHARAN S/O PURANA
CHANDRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

05/12/2018 12:13

Classification Of Case:

Claim Handling

Accident MT/1022823

Policy No.	5078366583-02	Vehicle No.	SLX3787A	GST Registration No.	
Certificate No.					
Policyholder Name	VIDA & PARTNERS PTE LTD			Policyholder NRIC	201534751W
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	97592105	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(%)	0	Private Hire	No

Accident Details

Report Date	06/12/2018 14:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/12/2018	Time of Accident hh:mm	01:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS C/POINT ENTERING SPORE FROM MALAYSIA				

Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

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 209 #03-651	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 460209
Address 4		Address Type	Singapore address	Post Code	460209
Unit No.	03-651	Related Policy Number	5104003826		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/11/1974
Unnamed driver Name	ABOUL KARIM BIN NAZIR AHMA	Driver NRIC	S74370031	Driving Experience	5
Register Date of Driver License	13/09/2013	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	97592105	Contact No.(Office)		Address 3	SINGAPORE 530580
Address 1	BLK 580 #02-622	Address 2	HOUGANG AVENUE 4	Post Code	530580
Address 4		Address Type	Foreign address		
Unit No.	02-622				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLX3787A	Driver Insurer Company	NTUC

Declaration

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

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	VIDA & PARTNERS PTE LTD	Insured NRIC	201534751W
	Contact No. (Home)		Contact No. (Office)	82579
	CI	Vehicle Number	TP	JSR921
		SLX3787A / JSR9219 GN 4 Dec 2018	Name of Preferred Workshop	

06/12/2018 14:48	Claim Close Date		Date Received	06/12/
ROSNI WAHAB				

Save Submit

Attachment

Accident No.	MT/1022823	Claim No.	001
Last Doc. Received	Yes No	Upload Date	06/12/2018 14:49
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear	Please Select NO Normal
Choose File No file chosen		Clear	Please Select NO Normal
Choose File No file chosen		Clear	Please Select NO Normal
Choose File No file chosen		Clear	Please Select NO Normal
Choose File No file chosen		Clear	Please Select NO Normal
Choose File No file chosen		Clear	Please Select NO Normal
Message Read		Clear	Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_300678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 14:49		Photos	Normal	Photos 2018-12-6	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 14:49	Photos	Normal	Photos 2018-12-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 14:49	Photos	Normal	Photos 2018-12-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 14:49	Photos	Normal	Photos 2018-12-6
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 14:48	Photos	Normal	Photos 2018-12-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 14:48	Photos	Normal	Photos 2018-12-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 14:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 14:48	SAS	Normal	SAS 2018-12-6

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (04/12/18) (DD/MM/YYYY), TIME: (01:00) (HH:MM)

LOCATION: Singapore Checkpoint towards Spore

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX 3787A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: VIDA K PARTNERS Pk Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201534751 W CONTACT: 9423 6150 Victor
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Abdul Karim Bin Nazir Ahmad (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S94370037 CONTACT: 97592105
c) ADDRESS: Bk 580 Hengang Ave 4 #02-622

* d) DATE OF BIRTH: (5/11/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13-09-2013

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: Queenstown NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JSR 9219 MODEL:
b) DRIVER'S NAME: LAI EE REN
c) NRIC/FIN/PASSPORT: 950620015 983 CONTACT:


9. THIRD PARTY VEHICLE

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

Email = 05.karim@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S74370031



Name
ABDUL KARIM BIN NAZIR
AHMAD


Race
INDIAN

Date of birth
05-11-1974

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S74370031

Name
ABDUL KARIM BIN NAZIR
AHMAD

Birth Date
05 Nov 1974

Issue Date
13 Sep 2013

1002223638E

4078097



NRIC No. S74370031



Date of issue
31-07-2007

APT BLK 580 HOUGANG AVENUE 4 #02-822
SINGAPORE 530580

NRIC No: S74370031 Date: 24/07/2011 No: 6886678


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

EFFECTIVE DATE
13 Sep 2013

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

NP 428A

Licence No: S74370031



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

04/12/2018 16:38

Vehicle No.(For Motor)

SLX3787A

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078366583-02		VIDA & PARTNERS PTE LTD	201534751W	GFT	drivo CLASSIC	SLX3787A	SLX3787A	12/04/2018	