NATIONAL Assessment Centre Services. (wef 1 Jan'08) MNA/19008351

Date In: 18/01/2019 11:09	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/19001136/4	SAS e-filing		
Veh No: SJB9097L	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 18/01/2019 06:40	I-Motor Claim Form	MT/102838-001	18/01/2019 11:46
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SJY7968L 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 Mobile: 9788 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/1902519

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

2 / 3:

Invoice/Information Checklist	Amt ($)	Remarks / Initial
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100); INC ($50)		
3) TF : Towing Fee $40/$45		
4) FT : Follow-Through Survey $120		
5) FT : Follow-Through Survey (Resurvey) $30		
For claiming against INC Only (wef 10 Jan 2008)		
6) TR : Re-Inspection $75		
7) N1 : Idea DA + SMRT Survey $160		
8) NTUC Additional Services:-		
OD*		
*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: Idea Mobile 30		
Invoice dated Fee Charged		
Invoice dated Fee Charged		

MNA419008351 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 18/01/2019 11:09
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 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.

ACCIDENT STATEMENT	
Date Of Report	18/01/2019 11:09
Date Of Accident	18/01/2019 06:40
Exact Location Of Accident	BKE AFTER EXIT TO PIE (AFTER SATELITE STATION)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ9077L
Insured/Policyholder	
Name Of Registered Owner	LIU XIN
NRIC No	S6861796J
Email Address	ANXIN100@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98568859
Alternative Phone No	OTHERS-98568859
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
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	5043368426-08
Cover Note Number	
Driver	
Name of Driver	LIU XIN
NRIC No	S6861796J
Date Of Birth	05/03/1968
Occupation	INDOOR
Date Of Driving Pass	18/05/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98568859
Fax Number	
Contact Number	OTHERS-98568859
EMail Address	ANXIN100@YAHOO.COM.SG

Address	BLK 42 WOODLANDS DRIVE #11-47
Postcode	737775
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 TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SJY7968L
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN XINGHUI
NRIC/Passport Number	S6980694E
Contact Number	84981319
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.

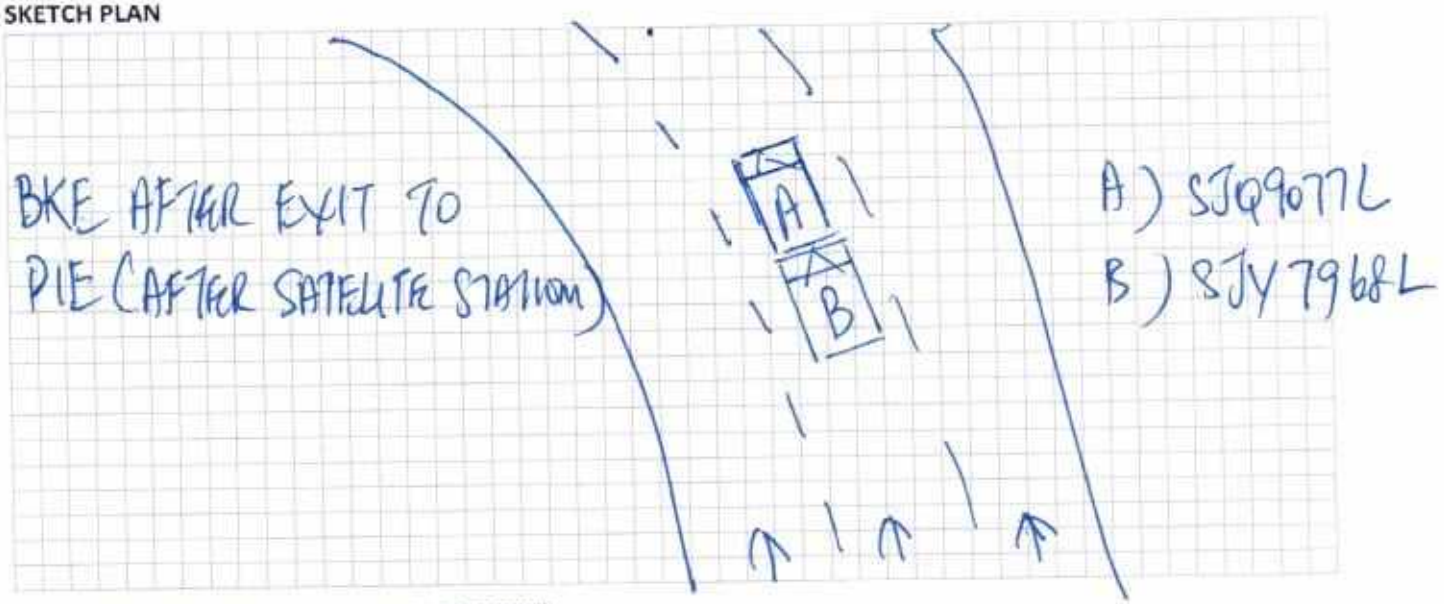
Policyholder's Signature
Date & Time:
18 Jan 2019 11:05am

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

18/01/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along BKE exit out to PIE sliproad ~~at~~ around 6.40am. Suddently my car was hit from behind by another vehicle. (SJY7968L)

I stopped the car ~~on the~~ after being hit and the other driver that hit me ask me to move my car to the shoulder.

I came out to see ~~the~~ my car damage, ~~it~~ which was quite bad at the back. Then the other party driver apppologized and ~~con~~ admitted his fault and ask me to make an insurance claim. We exchange particulars and phone number.

The other vehicle no is SJY7968L.
The ~~s~~ driver name is Chen XingHui (S6980694E)
His telephone no is 84981319.

DECLARATION

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

Policyholder's Signature
Date & Time:
18 Jan 2019 11:00am

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

18/01/2019

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

Claim Handling

Accident MT/1028383

Policy No.	5043368426-08	Vehicle No.	SJQ9077L	GST Registration No.	
Certificate No.					
Policyholder Name	LIU XIN			Policyholder NRIC	S6861796J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98568859	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	● No ○ Yes	TCA	● No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	18/01/2019 11:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/01/2019	Time of Accident hh:mm	06:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE AFTER EXIT TO PIE (AFTER SATELITE STATION)				

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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	42 WOODLANDS DRIVE 16	Address 2	#11-47 FORESTVILLE	Address 3	SINGAPORE 737775
Address 4		Address Type	Singapore address	Post Code	737775
Unit No.		Related Policy Number	5043368426-08		

DI Driver Info

Driver Name	LIU XIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6861796J	Driver DOB	05/05/1968
Register Date of Driver License	18/05/2009	Driver Age	50	Driving Experience	9
Contact No.(Mobile)	98568859	Contact No.(Office)		Contact No.(Home)	
Address 1	42 WOODLANDS DRIVE 16	Address 2	#11-47 FORESTVILLE	Address 3	SINGAPORE 737775
Address 4		Address Type	Singapore address	Post Code	737775
Unit No.					
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.	SJQ9077L	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ● No

Modification History

Claim 001 New

Claim Handling

Accident MT/1028383

Policy No.	5043368426-08	Vehicle No.	SJQ9077L	GST Registration No.	
Certificate No.					
Policyholder Name	LIU XIN			Policyholder NRIC	S6861796J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98568859	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	● No ○ Yes	TCA	● No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	18/01/2019 11:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/01/2019	Time of Accident hh:mm	06:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE AFTER EXIT TO PIE (AFTER SATELITE STATION)				

Excess — **Total Excess Applicable**

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		
Excess Type		Windscreen Excess	100.00		
All Claims Excess					
YTED All Claim Excess		Driver is Covered?			
Total All Claim Excess Applicable					
OD Standard Excess		TP Standard Excess			
YTED OD Excess		YTED TP Excess		Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable		Total TP Excess Applicable			

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	42 WOODLANDS DRIVE 16	Address 2	#11-47 FORESTVILLE	Address 3	SINGAPORE 737775
Address 4		Address Type	Singapore address	Post Code	737775

Unit No.		Related Policy Number	5043368426-08		

OI Driver Info

Driver Name	LIU XIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6861796I	Driver DOB	05/03/1958
Register Date of Driver License	18/05/2009	Driver Age	50	Driving Experience	9
Contact No.(Mobile)	98568859	Contact No.(Office)		Contact No.(Home)	
Address 1	42 WOODLANDS DRIVE 16	Address 2	#11-47 FORESTVILLE	Address 3	SINGAPORE 737775
Address 4		Address Type	Singapore address	Post Code	737775
Unit No.					
Does he own a Singapore Registered car?	Yes ● No	Driver Vehicle No.	SJQ9077L	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes ● No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LIU XIN	Insured NRIC	S686
Contact No.(Mobile)	98568859	Contact No. (Home)	69014890	Contact No. (Office)	6466
Email Address	anxin100@yahoo.com.sg	OI Vehicle Number	SJQ9077L	TP Vehicle Number	SJY7
Claim Description	SJQ9077L / SJY796RL ON 18 Jan 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/01/2019 11:45	Claim Close Date		Date Received	18/0
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

✓ Print AK letter

Save Submit

Attachment

Accident No.	MT/1028383	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	18/01/2019 11:46

Path *		Category *	Confidential	Urgency *	Des
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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:46	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:46	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:46	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:46	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:46	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:46	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:46	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:46	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:46	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:45	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:45	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:45	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jan 2019 11:45	Photos	Normal	Photos 2019-1-18

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 01 / 2019) (DD/MM/YYYY), TIME: (06 : 40) (HH:MM)

LOCATION: BKE after Exit to PIE (after Setalite Station)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJQ9077L
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5043368426-08
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Toyota Vios.
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PTE
   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: LIU XIN (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S6861796J CONTACT: 98563859
   c) ADDRESS: APT BLK 42 WOODLANDS DRIVE 16 #11-47 Singapore 737775

SOAS

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: AS ABDUL (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (05 / 03 / 1968) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 18 May 2009

*No of passenger (Including driver) ( )

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Heavy Rain)
   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: SJY7968L MODEL: Mit Lancer.
   b) DRIVER'S NAME: CHEN XINGHUI
   c) NRIC/FIN/PASSPORT: S6980694E CONTACT: 84981319

*No of passenger (Including driver) ( )

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger (Including driver) ( )

Email = anxin100@yahoo.com.sg

VIDEO : chiongauto@yahoo.com.sg

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6861796J

Name

LIU XIN

刘 欣

Race

CHINESE

Date of birth

05-03-1968

Sex

F

Country of birth

CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6861796J

Name

LIU XIN

Birth Date 05 Mar 1968

Issue Date 18 May 2009

001742795D

4340785

NRIC No. S6861796J

Date of Issue

20-01-2009

APT BLK 42 WOODLANDS DRIVE 16 #11-47
SINGAPORE 737775

NRIC No: S6861796J Date: 28/05/2016

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 3500kg 18 May 2009

Licence No: S6861796J

NP 426A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 › Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 18/01/2019 11:01
Vehicle No.(For Motor): SJQ9077L | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5043368426-08		LIU XIN	S6861796J	GPC	drivo CLASSIC	SJQ9077L	SJQ9077L	29/05/2018	28/05/2019

Continue