NATIONAL Assessment Centre Services. [wef 1 Jan'06] . MNA19014532

Date In: 30/01/2019 17:47	Job description	Date & Time Completed	Done by
Ref No: NBA/ZNC/19002009/Y	SAS e-filing		
Veh No: SJY1822	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 15/01/2019 16:30	I-Motor Claim Form	MN/030284-001	30/01/2019 18:19
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: XE 513B 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	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	Action

XIA1900829

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat. 1:

1 / 2 / 3:

Invoice Preparation Checklist			
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
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 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idao 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: Idao Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA419014532 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 30/01/2019 17:47
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/01/2019 18:15

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	30/01/2019 17:47
Date Of Accident	15/01/2019 16:30
Exact Location Of Accident	ALONG FORT ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV182Z
Insured/Policyholder	
Name Of Registered Owner	WONG MING KOON JOSHUA (HUANG MINGKUN)
NRIC No	S8038410F
Email Address	MK.JOSHUA.WONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97966091
Alternative Phone No	OFFICE-97966091
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8A
Exact Purpose for which vehicle was being used at time of accident	GOING 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	5096120389-01
Cover Note Number	
Driver	
Name of Driver	WONG MING KOON JOSHUA (HUANG MINGKUN)
NRIC No	S8038410F
Date Of Birth	05/12/1980
Occupation	INDOOR
Date Of Driving Pass	05/11/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97966091
Fax Number	
Contact Number	OFFICE-97966091
EMail Address	MK.JOSHUA.WONG@GMAIL.COM

Address	BLK 483 JURONG WEST STREET 41 #04-242
Postcode	640483
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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)	1

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE513B
Vehicle Make/Model/Colour	TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG XIN
NRIC/Passport Number	G2423236R
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:

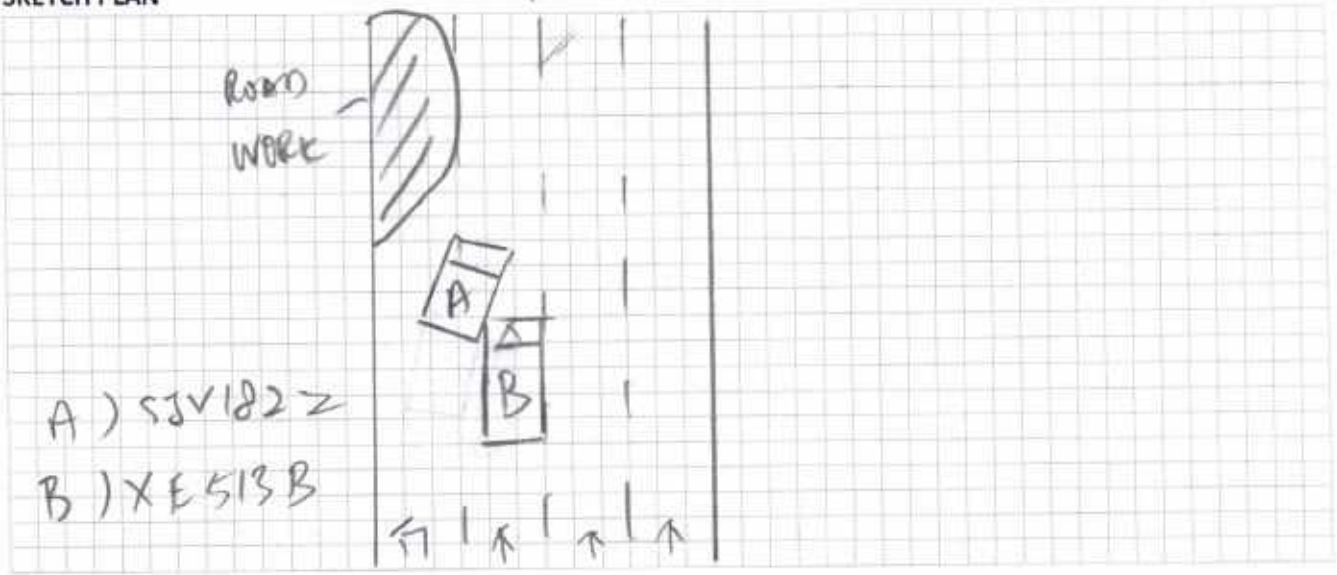
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

30/1/19		30/01/2019
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.: Rosa Wahab

SKETCH PLAN

ALONG FORT ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Road works on the Road, have to filter right after exit from Expressway. Truck did not stop for me to finish filtering and knock on my right side car @ back portion.

DECLARATION

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

25/1/19		30/01/2019
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: ROSLI WATTOS NRIC/FIN No.:

Claim Handling

Accident MT/1030234

Policy No.	5096120389-01	Vehicle No.	SJV1822	GST Registration No.	
Certificate No.					
Policyholder Name	WONG MING KOON JOSHUA (HUANG MINGKUN)			Policyholder NRIC	S8038410F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97966091	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(%)	10	Private Hire	No

Accident Details

Report Date	30/01/2019 18:12	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/01/2019	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG FORT 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

Coverage	Sum Insured
Transport Allowance	99999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 483 #04-242	Address 2	JURONG WEST STREET 41	Address 3	SINGAPORE 640483
Address 4		Address Type	Singapore address	Post Code	640483
Unit No.		Related Policy Number	5096120389-01		

GI Driver Info

Driver Name	WONG MING KOON JOSHUA (HUANG MINGKUN)	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S8038410F	Driver DOB	05/12/1980
Register Date of Driver License	05/11/2013	Driver Age	38	Driving Experience	5
Contact No.(Mobile)	97966091	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 483 #04-242	Address 2	JURONG WEST STREET 41	Address 3	SINGAPORE 640483
Address 4		Address Type	Singapore address	Post Code	640483
Unit No.					
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.	XE513B	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/1030234

Policy No.	5096120389-01	Vehicle No.	SJV1822	GST Registration No.	
Certificate No.					
Policyholder Name	WONG MING KOON JOSHUA (HUANG MINGKUN)			Policyholder NRIC	S8038410F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97966091	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(%)	10	Private Hire	No

Accident Details

Report Date	30/01/2019 18:12	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/01/2019	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG FORT ROAD				

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

Coverage	Sum Insured
Transport Allowance	99999999.99

GST Registered Information

Policyholder Mailing Address

Address 1	BLK 483 #04-242	Address 2	JURONG WEST STREET 41	Address 3	SINGAPORE 640483
Address 4		Address Type	Singapore address	Post Code	640483
Unit No.		Related Policy Number	5096120389-01		

GI Driver Info

Driver Name	WONG MING KOON JOSHUA (HUANG MINGKUN)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8038410F	Driver DOB	01/12/1980
Register Date of Driver License	05/11/2013	Driver Age	38	Driving Experience	5
Contact No.(Mobile)	97966091	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 483 #04-242	Address 2	JURONG WEST STREET 41	Address 3	SINGAPORE 640483
Address 4		Address Type	Singapore address	Post Code	640483
Unit No.					
Does he own a Singapore Registered car?	Yes ● No	Driver Vehicle No.	XE5138	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 OD-MX | **Nga**

Claim Type *	OD-MX	Insured Name	WONG MING KOON JOSHUA (H	Insured NRIC	S8038410F
Contact No.(Mobile)	97966091	Contact No.(Home)	65524895	Contact No.(Office)	
Email Address		OI Vehicle Number	SJV1822	TP Vehicle Number	XE5138
Claim Description	SJV1822 / XE5138 ON 15 Jan 2019			Name of Preferred Workshop	
Date Registered	30/01/2019 18:17	Claim Close Date		Date Received	30/01/2019 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Preferred Workshop: | Insured Liability: Partially at Fault | Remark No. Finalisation: Yes | Preferred Repair Option: Preferred Workshop, Name unknown | GIA report: Received

✓ Print AK letter

Save | Submit

Attachment

Accident No.	MT/1030234	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	30/01/2019 18:18

Path *		Category *	Confidential	Urgency *	Description *
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 | Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:18	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:18	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:18	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:18	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:18	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:18	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:18	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:17	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:17	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:17	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:17	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:17	SAS	Normal	SAS 2019-1-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 18:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-30	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 01 / 2019) (DD/MM/YYYY). TIME: (16 : 30) (HH:MM)

LOCATION: Fort Road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJV 1822
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5096120359-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: VW PASSAT 1.8
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: going 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: Wong Ming Koon Joshua (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S6038410F CONTACT: 97966091
   c) ADDRESS: Blk 483 Jurong West St 41 #04-202

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (05 / 12 / 1980) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 5/11/13
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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

*No of passenger (including driver) (__)

   a) VEHICLE NUMBER: XE 5133 MODEL: LORRY / TRUCK
   b) DRIVER'S NAME: WANG XIN
   c) NRIC/FIN/PASSPORT: G3423236R CONTACT:
9. THIRD PARTY VEHICLE

*No of passenger (including driver) (__)

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

email = mr.joshua.wong@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8038410F

Name
WONG MING KOON JOSHUA
(HUANG MINGKUN)
黄 明 坤
Race
CHINESE
Date of birth
05-12-1980
Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8038410F
Name
WONG MING KOON JOSHUA
(HUANG MINGKUN)
Birth Date 05 Dec 1980
Issue Date 05 Nov 2013
002242044E

4803825

NRIC No. S8038410F

Date of issue
20-12-2011
Address
APT BLK 483 JURONG WEST STREET 41
#04-242
SINGAPORE 640483

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

		EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver ; and other motor vehicles without clutch pedals =< 2500kg	05 Nov 2013

NP 428A
Licence No: S8038410F

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
Vehicle No.(For Motor): SJV182Z | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5096120389-01		WONG MING KOON JOSHUA (HUANG MINGKUN)	S8038410F	GPC	drivo CLASSIC	SJV182Z	SJV182Z	07/01/2019	06/01/2020

Continue