

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) NAH 9019811

Date In: 12/02/2009 18:36	Job description	Date & Time Completed	Done by
Ref No: NAH/ACC900564/4	SAS e-filing		
Veh No: SMF 668CB	E-mail (4 jobs 8hrs, AIC 2hrs)		
D.O.A: 11/02/2009 13:35	I-Motor Claim Form	MT/1031749001	12/02/2009
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:53
	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: SLW 8813G	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	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	Signature	Remarks

<p>NAH 9019811</p> <p>Driver/Owner: _____</p> <p>Contact No: _____</p> <p>Damaged Portion: _____</p> <p>QC Checked by (Engr-In-Charge): _____</p> <p>Auditor's Comments: _____</p> <p>Sal. 1: _____</p> <p>2/3: _____</p>	<p>Invoice Particulars</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$30)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idea DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpl Allowance</td> <td>\$5</td> </tr> <tr> <td>*N6: Repair Coordination</td> <td>\$10</td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> </tr> <tr> <td>TP (Nil) : TP (Nil INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) N12: Idea Mobile</td> <td>\$0</td> </tr> <tr> <td>Invoice dated _____</td> <td>Fee Charged _____</td> </tr> <tr> <td>Invoice dated _____</td> <td>Fee Charged _____</td> </tr> </table>	1) AR: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$30)	3) TP: 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) NI: Idea DA + SMRT Survey	\$160	8) NTUC Additional Services:		ON:		*N5: Courtesy Car / Tpl Allowance	\$5	*N6: Repair Coordination	\$10	*N7: Post Repair Inspection	\$25	*N8: DV / Collect Excess Coordination	\$5	TP (Nil) : TP (Nil INC) against INC	\$20	9) N12: Idea Mobile	\$0	Invoice dated _____	Fee Charged _____	Invoice dated _____	Fee Charged _____
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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	12/02/2019 18:36
Date Of Accident	11/02/2019 13:35
Exact Location Of Accident	ALONG EU TONG SEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF6684B
Insured/Policyholder	
Name Of Registered Owner	TAN POH MOY @ PHUA AH MOY
NRIC No	S0147333F
Email Address	EUGENEYWK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97765923
Alternative Phone No	OTHERS-97765923

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106469733
Cover Note Number	

Driver

Name of Driver	TAN POH MOY @ PHUA AH MOY
NRIC No	S0147333F
Date Of Birth	15/06/1953
Occupation	INDOOR
Date Of Driving Pass	14/10/1976
Driving Experience	42 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97765923
Fax Number	
Contact Number	OTHERS-97765923
Email Address	EUGENEYWK@GMAIL.COM

Address	BLK 102 DEPOT ROAD #11-661
Postcode	101102
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)	2
Passenger 1	NAME: : HUSBAND 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW4813G
Vehicle Make/Model/Colour	HYUNDAI ACCENT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XU JIAFENG
NRIC/Passport Number	S8416278G
Contact Number	93254910
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.
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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:

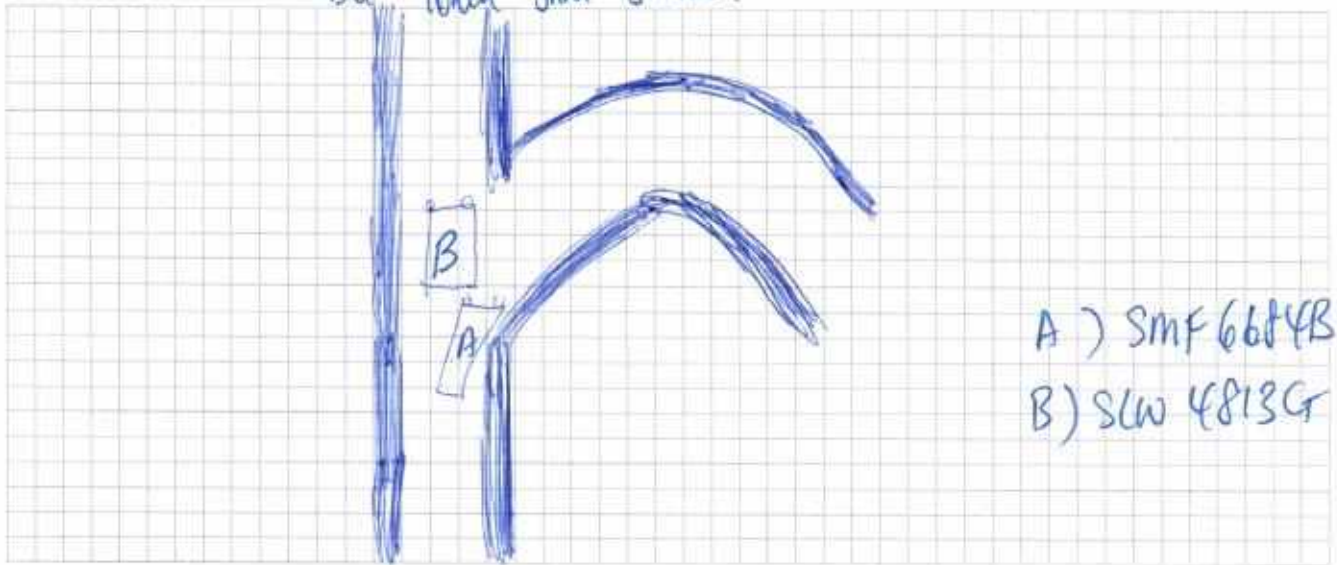
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:
NRIC/FIN No.:

Eu. Tongk Shal Strukt



A) SMF 6684B
B) SLW 4813G

~~Front~~ On 11th feb, 1336 hrs at 0 eu tong San street
I was going to make a right lane change when my front
left head bump into 3rd party right rear.

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

所定款

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

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

Claim Handling

Accident MT/1031748

Policy No.	5106408733	Vehicle No.	SMF66848	GST Registration No.	
Certificate No.					
Policyholder Name	TAN POH HOY @ PHUA AH HOY	Driver Type	drive CLASSIC	Policyholder NRIC	S0147333F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97665923	Special Remark		Contact No.(Home)	
Email Address		TCA		eCode	No *
KFR	+ No - Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	12/02/2019 18:50	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	11/02/2019	Time of Accident Minimum	13.35	Country of ACCIDENT	Singapore
Reporting Centre		Orange force		ICM No.	
Accident Location	AUONG EU YONG SEN STREET				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefit

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 102A #11-061	Address 2	DEPOT ROAD	Address 3	DEPOT HEIGHTS
Address 4	SINGAPORE 101102	Address Type	Singapore address	Post Code	101102
Unit No.	11-061	Related Policy Number	5106408733		

DI Driver Info

Driver Name	TAN POH HOY @ PHUA AH HOY	Driver Type	Main Driver	Driver DOB	15/06/1953
Uninsured driver Name		Driver NRIC	S0147333F	Driving Experience	42
Register Date of Driver License	14/10/1978	Driver Age	68	Contact No.(Home)	
Contact No.(Mobile)	97665923	Contact No.(Office)		Address 2	DEPOT HEIGHTS
Address 1	BLK 102A #11-061	Address 2	DEPOT ROAD	Post Code	101102
Address 4	SINGAPORE 101102	Address Type	Singapore address		
Unit No.	11-061				
Does he own a Singapore Registered car?	+ Yes - No	Driver Vehicle No.	SMF66848	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification history

Claim 001

Claim Type *	DD-MR	Insured Name	TAN POH HOY @ PHUA AH HOY	Insured NRIC	S0147333F
Contact No.(Mobile)	93848132	Contact No. (Home)	62201554	Contact No. (Office)	
Email Address		DI Vehicle Number	SMF66848	Vehicle Number	SLW4813G
Claim Description	SMF66848 / SLW4813G ON 11 Feb 2019			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault			
Reported No. Permitted	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	12/02/2019 18:52	Claim Close Date		Date Received	12/02/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1031748	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/02/2019 18:53
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Feb 2019 18:53	Photo	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Feb 2019 18:53	Photo	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Feb 2019 18:53	Photo	Normal	Photos 2019-2-12	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:52	Photos	Normal	Photos 2019-2-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:52	Photos	Normal	Photos 2019-2-12
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:52	Photos	Normal	Photos 2019-2-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:52	SAS	Normal	SAS 2019-2-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 18:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-12

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 02 / 19 (DD/MM/YYYY), TIME: 13 : 36 (HH:MM)

LOCATION: Eu Tong Sen Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMF 6684 B
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5106469733
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Altis 2009
 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: Tan Poh Moy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0147333F CONTACT: 9776 5923
 c) ADDRESS: Deept Road Bldg 102A #11-661, spore 101102

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Poh Moy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0147333F CONTACT: 9776 5923
 c) ADDRESS: Deept Road Bldg 102A #11-661, spore 101102

* d) DATE OF BIRTH: 15 / 06 / 1953 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14 Oct 1976

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)

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: SLW 4813G MODEL: Hyundai Accent
 b) DRIVER'S NAME: Xu Jinfeng
 c) NRIC/FIN/PASSPORT: S 2416238G CONTACT: 9325 4910

9. THIRD PARTY VEHICLE

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

email = Eugene eywk@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0147333F



Name

TAN POH MOY
@PHUA AH MOY

陳保鄰

Race

CHINESE

Date of birth

15-06-1953

Country/Place of birth

SINGAPORE

Sex

F



5930582



NRIC No: S0147333F



Date of issue

07-05-2018

Address

APT. BLK 102A DEPOT ROAD
#11-661
SINGAPORE 101102

REPUBLIC OF SINGAPORE DRIVING LICENCE



DRIVING LICENCE NO. S0147333F

TAN POH MOY
@PHUA AH MOY

Birth Date: 15 Jun 1953

Issue Date: 17 Dec 2018



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 14 Oct 1976

NF 428A



Licence No: S0147333F

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5106469733		TAN POH MOY @ PHUA AH MOY	S0147333F	GPC	drive CLASSIC	SMF6684B	SMF6684B	19/12/2018	18/12/2019