

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

NA1901554

Date In: 28/01/2019 15:36	Job description	Date & Time Completed	Done by
Ref No: 2801/2019 15:36	SAS e-filing		
Veh No: F3F 7943C	E-mail (45mins 3hrs, AIC 2hrs)		
D.O.A: 21/01/2019 16:15	I-Motor Claim Form	mt/1034065-001	28/01/2019 15:54
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: SDK 439M	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%; F: 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) (01/01/2019) (28/01/2019) (28/01/2019) (28/01/2019)	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()	
Date/Time	Assignment

NA1901554	Invoice Particulars
Client's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	• NS: Courtesy Car / Tpr Allowance \$3
	• NG: Repair Co-ordination \$10
	• NT: Post Repair Inspection \$25
	• ND: DV / Collect Excess Coordination \$5
	• TP (Nil): TP (Non INC) against INC \$30
	9) NI: Idao Mobile
	Invoice dated
	Fee Charged
	Invoice dated
	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	28/02/2019 15:36
Date Of Accident	21/02/2019 16:15
Exact Location Of Accident	ALONG UBI AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF7943C
Insured/Policyholder	
Name Of Registered Owner	SYED AMEER BIN SYED KAMAL
NRIC No	S9804109E
Email Address	S.K.AMEER@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98245542
Alternative Phone No	OTHERS-98245542
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088640694-01
Cover Note Number	
Driver	
Name of Driver	SYED AMEER BIN SYED KAMAL
NRIC No	S9804109E
Date Of Birth	11/02/1998
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98245542
Fax Number	
Contact Number	OTHERS-98245542
EMail Address	S.K.AMEER@HOTMAIL.COM

Address	BLK 348 UBI AVENUE 1 #02-1047
Postcode	400348
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 - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
Circumstances of Accident	
PLEASE REFER TO POLICE REPORT T/20190222/2049	
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	SDK439M
Vehicle Make/Model/Colour	PEUGEOT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SYED AMEER BIN SYED KAMAL

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBF7943C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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:

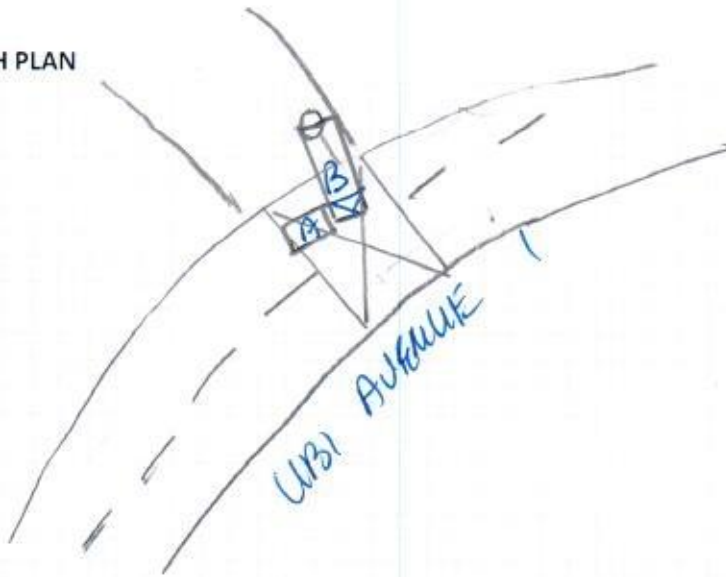
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 27/02/2019

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

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

SKETCH PLAN



A) FBF 7943 C
B) SDK 439M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO Police Report
1709022/2019

DECLARATION

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

Imeer
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.:



SINGAPORE POLICE FORCE



T/20190222/2049

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190222/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2019 13:08	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SYED AMEER BIN SYED KAMAL			Address: APT BLK 348 UBI AVENUE 1 #02-1047 SINGAPORE 400348	
ID Type / ID No.: NRIC NO / S9804109E			Contact No.: Home/Office: Mobile: 98245542	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 21	Date of Birth: 11/02/1998	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: STUDENT			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/02/2019 16:15	Type of Location:
Location: Along Road 1 UBI AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7943C	Motorcycle	YAMAHA	FZ 16	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF7943C	NTUC Income Insurance Co-Operative Limited	5088640694-01	30/05/2018	29/05/2019



**SINGAPORE
POLICE FORCE**



T/20190222/2049

2 of 3

Report No. T/20190222/2049

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SYED AMEER BIN SYED KAMAL	ID No.	S9804109E
Related Vehicle	FBF7943C (Motorcycle)	Contact No.	98245542
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/02/2019	Date Discharge	21/02/2019
No. of Days granted Medical Leave	14	Degree of Injury	NIL

Brief Details.

AS STATED TIME, DATE AND LOCATION,
I WAS TRAVELLING AT THE SAID LOCATION ON GOING STRAIGHT. ALL OF A SUDDEN, THERE WAS A VEHICLE CAME OUT FROM CARPARK WITHOUT CHECKING. I HAD NO TIME TO REACT BECAUSE OUT OF A SUDDEN. AS A RESULT, I COLLIDED ONTO THE RIGHT PORTION OF THE VEHICLE. PASSERBY CALLED FO AMBULANCE AND WAS CONVEYED TO THE SAID HOSPITAL AND GIVEN 14 DAY OF MEDICAL LEAVES.

WITNESS: NAME: JAILANI
H/P: 90705228



SINGAPORE
POLICE FORCE



T/20190222/2049

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190222/2049

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:
TP /
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/02/2019 13:08

Classification Of Case:

Signature:

Claim Handling

Accident NT/1034065

Policy No.	508540894-01	Vehicle No.	FBF7943C	GST Registration No.	
Certificate No.					
Policyholder Name	SYED AMEER BIN SYED KAMAL			Policyholder NRIC	59804109E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98245542	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	28/02/2019 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	21/02/2019	Time of Accident (h:mm)	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG UBI AVENUE 1				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

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 348 #02-1047	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400348
Address 4		Address Type	Singapore address	Post Code	400348
Unit No.	08-1128	Related Policy Number	508540894-01		

OT Driver Info

Driver Name	SYED AMEER BIN SYED KAMAL	Driver Type	Main Driver		
Uninsured driver Name		Driver NRIC	59804109E	Driver DOB	11/02/1998
Register Date of Driver License	23/02/2017	Driver Age	21	Driving Experience	1
Contact No.(Mobile)	98245542	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 348 #02-1047	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400348
Address 4		Address Type	Singapore address	Post Code	400348
Unit No.	08-1128				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	59804109E	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SYED AMEER BIN SYED KAMAL	Insured NRIC	59804109E
Contact No.(Mobile)	98245542	Contact No. (Home)		Contact No. (Office)	
Email Address	S.K.AMEER@HOTMAIL.COM	Vehicle Number	FBF7943C	TP Vehicle Number	SDK439M
Claim Description	FBF7943C / SDK439M ON 21 Feb 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Damage No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GTA report	Received
Date Registered	28/02/2019 15:30	Claim Close Date		Date Received	28/02/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

















Save Submit

Attachment

Accident No.	MT/1034065	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/02/2019 15:54
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Description *
Choose File No file chosen		Normal	
Choose File No file chosen		Normal	
Choose File No file chosen		Normal	
Choose File No file chosen		Normal	
Choose File No file chosen		Normal	
Choose File No file chosen		Normal	
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 15:54		NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-28	
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 15:54		SAS	Normal	SAS 2019-2-28	
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 15:54		Photos	Normal	Photos 2019-2-28	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 15:54	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 15:54	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 15:54	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 15:30	Photos	Normal	Photos 2019-2-28
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 15:30	Photos	Normal	Photos 2019-2-28
Video List				
Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				

P17070 HKL

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 02 / 2019) (DD/MM/YYYY). TIME: (6:45) (HH:MM)

LOCATION: Ubi Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF7943C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5088640694-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: F216
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: on the way 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: Syed Ameer Bin Syed Kamal (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9104109E CONTACT: 98245542
c) ADDRESS: B1K 348 UBI AVENUE 1 #02-1097
Singapore 400348

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (11 / 02 / 1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 23 Feb 2017

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: SDK439M MODEL: PEUGEOT
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = s.k.Ameer@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9804109E



Name

SYED AMEER BIN SYED KAMAL

செயத் அமீர்

Race

INDIAN

Date of birth

11-02-1998

Sex

M

Country/Place of birth
SINGAPORE



5178875



NRIC No. S9804109E



Date of issue

30-05-2013

APT BLK 348 UBI AVENUE 1 #02-1047
SINGAPORE 400348

NRIC No: S9804109E

Date: 11/11/2017

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S9804109E

Name

SYED AMEER BIN SYED KAMAL

Birth Date: 11 Feb 1998

Issue Date: 23 Feb 2017



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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 CC
Class 2A Motorcycles between 201 CC and 400 CC

23 Feb 2017

23 Apr 2018

S / No. 9000306543

S9804109E

NP 428A

Licence No: S9804109E



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="21/02/2019 15:41"/>	
Vehicle No.(For Motor)	<input type="text" value="FBF7943C"/>	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 checked="" type="checkbox"/>	5088640694-01		SYED AMEER BIN SYED KAMAL	S9804109E	GMC	Third Party	FBF7943C	FBF7943C	30/05/2018	29/05/2019