

# NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

19/03/2019

Date In: 19/03/2019 14:15	Job description	Date & Time Completed	Done by
Ref No: N/A/NCI9004953/Y	SAS e-filing		
Veh No: 136 73905	E-mail (4 days 8hrs, AIC 2hrs)		
D.O.A: 13/03/2019 11:00	I-Motor Claim Form	MT/103655-001	19/03/2019
OID: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		15:15
	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: SLA4597X	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 ( )	

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Defective: \_\_\_\_\_

NAI902032	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$10/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NI: Courtesy Car / TP Allowance \$1	
	* NI: Repair Coordination \$10	
	* NI: Post Repair Inspection \$25	
	* NI: DV / Collect Excess Coordination \$5	
	* NI: TP (Non-INC) \$20	
	* NI: Idao Mobile \$30	
	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	19/03/2019 14:15
Date Of Accident	13/03/2019 11:00
Exact Location Of Accident	JUNCTION OF IRWELL BANK ROAD/RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG7390S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARPLE ADAM CHRISTOPHER
NRIC No	G6355091X
Email Address	ADAMMARPLE@MAC.COM
Mobile Phone No	(LOCAL) +65-97837412
Alternative Phone No	OTHERS-97837412

### Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	XL883N IRON-883CC
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

MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5066033542-04
Cover Note Number	

### Driver

Name of Driver	MARPLE ADAM CHRISTOPHER
NRIC No	G6355091X
Date Of Birth	19/03/1981
Occupation	INDOOR
Date Of Driving Pass	02/08/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97837412
Fax Number	
Contact Number	OTHERS-97837412
Email Address	ADAMMARPLE@MAC.COM

Address	65 WATTEN DRIVE #14-05 WATTEN ESTATE
Postcode	287698
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 - CROSS JUNCTION
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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190314/2056

### 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	SLA4597X
Vehicle Make/Model/Colour	
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	MARPLE ADAM CHRISTOPHER
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBG7390S
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.
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.



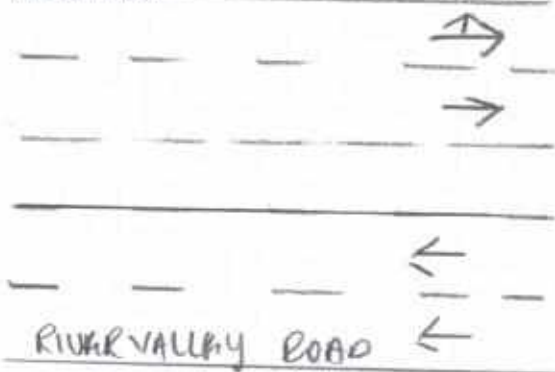
Policyholder's Signature  
Date & Time:

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

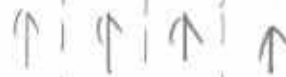
19/03/2018  
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:



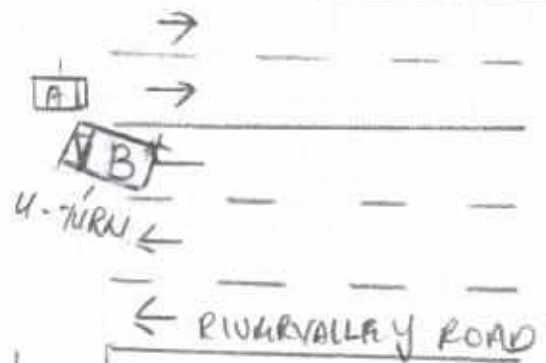
# SKETCH PLAN



A) FBG 7390S  
B) SLA 4597X



KIM SANK ROAD



IRWELL ROAD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pol. Refuse to police report  
+190490314/2058

## 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)  
Date & Time:

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



# SINGAPORE POLICE FORCE



T/20190314/2056

1 of 3

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20190314/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/03/2019 13:01	Vide Report No.: E/20190313/0053	Station Diary No.: 17
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**Informant's Particulars**

Name of Informant: MARPLE ADAM CHRISTOPHER			Address: 65 WATTEN DRIVE #14-05 WATTEN ESTATE SINGAPORE 287698		
ID Type / ID No.: FIN NO / G6355091X			Contact No.: Home/Office: Mobile: 97837412		
Nationality: AMERICAN			Email:		
Sex: Male	Age: 37	Date of Birth: 19/03/1981	Type of Informant: Rider		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: LECTURER			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/03/2019 11:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 RIVER VALLEY ROAD IRWELL BANK ROAD Junction of RIVER VALLEY ROAD & IRWELL BANK ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG7390S	Motorcycle	HARLEY DAVIDSON	XL883N IRON	Blue	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG7390S	NTUC Income Insurance Co-Operative Limited	5066033542-04	30/10/2018	29/10/2019



**SINGAPORE  
POLICE FORCE**



T/20190314/2056

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

2 of 3

Report No. T/20190314/2056

**CONTINUATION OF REPORT**

**Brief Details.**

On 13/03/2019 at about 1100hrs, I am traveling on a motorcycle from River Valley Road towards Inwell Bank Road at the Traffic Junction.

I saw the traffic light was green and continued to accelerate, however one car (unknown plate number) suddenly make a U-turn and resulted into my motorcycle collided onto the side of the car.

I am injured and ambulance came and I was conveyed to Singapore General Hospital. I have attained ten days of MC.

Traffic police was at scene and I am advised to lodge a report. My motorcycle was seriously damaged.





**SINGAPORE  
POLICE FORCE**



T/20190314/2056

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

3 of 3

Report No. T/20190314/2056

**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:

E /

Sgt 3 JACKSON KOH TIAN LIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/03/2019 13:01

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Classification Of Case:

SN 069

Authentication Stamp

NP168

## Claim Handling

Accident MT/1038555

Policy No.	506033543-04	Vehicle No.	PBG73905	GST Registration No.	
Certificate No.					
Policyholder Name	MAPLE ADAM CHRISTOPHER				
Product Code	MTORCH-CDR INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	063550924
Contact No.(Mobile)	97837412	Contact No.(Office)		Issuing	E
Email Address		Special Remarks		Contact No.(Home)	
KPI	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason	
Accident Details			Private Use		
Report Date	19/03/2019 15:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Intersection
Date of Accident	13/03/2019	Time of Accident (hh:mm)	11:00	Country of Accident	Singapore
Reporting Centre		Change Price		ICH No.	
Accident Location	JUNCTION OF BRWELL BANK ROAD/RIVER VALLEY ROAD				
Excess					
Gen damage Excess	0.00	Additional Excess		Wildfire 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 Status Verified	Yes
GST Registration No.					
Multi-Policy History					
Policyholder Mailing Address					
Address 1	8 JALAN MUTIARA	Address 2	#10-10 THE MONTANA	Address 3	SINGAPORE 249188
Address 4		Address Type	Singapore address	Post Code	249188
Unit No.		Related Policy Number	506033543-04		
GT Driver Info					
Driver Name	MAPLE ADAM CHRISTOPHER	Driver Type	Main Driver	Driver DOB	23/03/1981
Uninsured Driver Name		Driver NRIC	06355091X	Driving Experience	6
Register Date of Driver License	07/10/2012	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	97837412	Contact No.(Office)		Address 1	SINGAPORE 249188
Address 1	8 JALAN MUTIARA	Address 2	#10-10 THE MONTANA	Address 3	
Address 4		Address Type	Singapore address	Post Code	249188
Unit No.		Driver Vehicle No.	PBG73905	Driver Insurer Company	GTUC
Does he own a Singapore Registered car?	Yes / No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes / No		

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	MAPLE ADAM CHRISTOPHER	Insured NRIC	06355091X
Contact No.(Mobile)	97837412	Contact No.(Home)		Contact No.(Office)	
Email Address	adammaple@mtsl.com	GT	PBG73905	TP	SLA4597X
Claim Description	PBG73905 / SLA4597X On 13 Mar 2019				
Preferred Workshop		Insured Liability	NOT AT FAULT	Preferred Workshop, Name unknown	OTR / Report
Estimate No. Finalisation	Yes	Preferred Repair Option		Received	
Date Registered					
Report Taken By		Clear	Close	Date	19/03/2019 00:00
		Print Ack Letter			

Save Submit

## Attachment

Accident No.	MT/1038555	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/03/2019 15:15
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
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		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Status (G)
	NAC_BUKIT_MERAH_8006791 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Mar 2019 15:15	Photos	Normal	Photos 2019-3-19	
	NAC_BUKIT_MERAH_8006791 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Mar 2019 15:15	Photos	Normal	Photos 2019-3-19	
	NAC_BUKIT_MERAH_8006791 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Mar 2019 15:15	Photos	Normal	Photos 2019-3-19	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 15:13	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 15:13	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 15:14	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 15:14	Photos	Normal	Photos 2019-3-19
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 15:14	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 15:14	SAS	Normal	SAS 2019-3-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 15:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-19

Video List

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



USA  
**Georgia**

**DRIVER'S LICENSE**

DL NO. 049197949 DOB 03/19/1981  
CLASS CM EXP 03/19/2025  
ADAM CHRISTOPHER MARPLE

3071 HEIDLEBURG DR NW  
KENNESAW, GA 30144-1123  
DOB

Restrictions A End NONE  
Iss 02/28/2017

Sex M Eyes BLU  
Hgt 5'-11" Wgt 180 lb

DD 300438665480016115

03/19/1981

DONOR

**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**LASALLE COLLEGE OF THE ARTS LIMITED**

Name  
**MARPLE ADAM CHRISTOPHER**  
Occupation  
**LECTURER**

FIN  
**05355091X**

Date of Application  
**08-06-2016**  
Date of Issue  
**15-06-2016**  
Date of Expiry  
**26-07-2019**

**L6914159**

Rev 07/01/2015  
www.doe.ga.gov  
(678) 413-8400

300438665480016115



MEDICAL  
INFORMATION:  
None

CLASS: CM-5 26,000 lbs. GVWR and Trailer ≤ 10,000 lbs. All recreational vehicles and 2 or 3 wheeled motorcycles

ENDORSEMENTS: None

RESTRICTIONS: A-None



**VISIT PASS**  
Immigration Regulations

Name  
**MARPLE ADAM CHRISTOPHER**



Date of Birth 19-03-1981 Sex M Nationality AMERICAN  
FIN 05355091X Date of Issue 15-06-2016 Date of Expiry 26-07-2019

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/03/2019 14:14"/>
Vehicle No. (For Motor)	<input type="text" value="FBG73905"/>	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 type="radio"/>	5066033542-04		MARPLE ADAM CHRISTOPHER	G6355091X	GMC	Third Party, Fire & Theft	FBG73905	FBG73905	30/10/2018	29/10/2019