

NATIONAL Assessment Centre Services			
Date To: 03/07/2019 16:36	Job description: SAS e-filing	Date & Time Completed	Done by
Ref No: N/A/INC/190172534	E-mail (within 4hrs, AIC 2hrs)		
Veh No: FC 1959 R	i-Motor Claim Form	mt1051760-001	03/07/2019
D.O.A: 08/07/2019 18:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:36
OD / TP: Reporting Only	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: QV 1356J	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 hotline: 6788 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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Cal. 1: Cal. 2/3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30)		In Bill	Add. Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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 2019)			
	6) TR: Re-inspection \$75			
	7) N1: Idm DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
DIP				
*N3: Courtesy Car / Tpl Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N1): TP (Non INC) against INC \$20				
N12: Idm Mobile \$0				
Invoice dated		Fax Charged		
Invoice dated		Fax 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	03/07/2019 16:08
Date Of Accident	02/07/2019 08:00
Exact Location Of Accident	ALONG QUEENSWAY TOWARDS BUKIT MERAH LAMP POST 99
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FC1959R
Insured/Policyholder	
Name Of Registered Owner	CHUA BON HUAT
NRIC No	S0105025G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97618586
Alternative Phone No	OTHERS-97618586

Vehicle Particulars

Manufacturer	VESPA
Model	EXCEL-150CC 150 (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	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	0083676943-15
Cover Note Number	

Driver

Name of Driver	CHUA BON HUAT
NRIC No	S0105025G
Date Of Birth	03/08/1951
Occupation	INDOOR
Date Of Driving Pass	24/11/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97618586
Fax Number	
Contact Number	OTHERS-97618586
Email Address	NOEMAIL

Address	BLK 6 HOLLAND CLOSE #5-14
Postcode	271006
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	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190702/2051

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	SLV1356J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEH KENG SOON
NRIC/Passport Number	S8187509Z
Contact Number	94593505
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA BON HUAT

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FC1959R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.:

03/07/2019
Redd. [Signature]

SKETCH PLAN

Sketch plan area with handwritten notes:

- Quarantine
- Diagram showing a rectangular area divided into sections labeled A and B, with arrows indicating directions.
- SPC (in a box)
- A) FC 1959 R
- B) SLV 1346J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Large area for describing the circumstances of the accident, containing handwritten text:

PLS Refer to Police Report
1/20/19/0702/2051

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 03/07/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190702/2051

1 of 4

Report No. T/20190702/2051

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/07/2019 12:10

Vide Report No.:
D/20190702/0042

Station Diary No.:
33

Informant's Particulars

Name of Informant:
CHUA BON HUAT

Address:
APT BLK 6 HOLLAND CLOSE #05-14 SINGAPORE 271006

ID Type / ID No.:
NRIC NO / S0105025G

Contact No.:
Home/Office: Mobile: 97618586

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 67 03/08/1951

Type of Informant:
Rider

Race:
Chinese

Language:

Institution / School Name:

Occupation:
LANDSCAPE MAINTENANCE
WORKER

Driving Licence Information:
Class: 2B,2A,2,3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
02/07/2019 08:00

Type of Location:
Straight Road

Location:
Along Road 1 Traveling Toward Road 2
QUEENSWAY
BUKIT MERAH CENTRAL
Along Queensway towards Bukit Merah, LP 99 before SPC petrol kiosk.
Lamp Post Number: 99

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:

Traffic Volume:
Heavy

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 Passeng
FC1959R	Motorcycle	VESPA	EXCEL 150	Green	Seriously Damaged	0
SLV1356J	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Da
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SINGAPORE POLICE FORCE



T/20190702/2051

2 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190702/2051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FC1959R	NTUC Income Insurance Co-Operative Limited	0083676943-15	17/04/2019	16/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	CHUA BON HUAT	ID No.	S0105025G	
Related Vehicle	FC1959R (Motorcycle)	Contact No.	97618586	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	02/07/2019	Date Discharge	02/07/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Name				
Teh Keng Soon		ID No.	S8187509Z	
Related Vehicle	SLV1356J (Car)	Contact No.	94593505	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

I am the vehicle owner of FC1959R. On 02/07/2019 at about 8.00am, I was riding along Queensway heading towards Bukit Merah. It was a 3 lane road and I was driving on centre lane. Suddenly vehicle SLV1356J swerved to his left and subsequently hit on my motorcycle which cause me to have a fall. We then moved to the side of the road and exchanged particulars. I sustained abrasion on both my legs and hands. I did not get to check the damage for my vehicle as I was conveyed to NUH by ambulance. I got treatment done at the emergency ward and was discharged on the same day itself. I was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190702/2051

3 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190702/2051

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE



T/20190702/2051

4 of 4

Report No. T/20190702/2051

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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:
D /
Sgt 2 SURAIYAH PARVEEN BINTE HABIB
MUHAMAD

Signature Of Informant:

RAEWS

Signature Of Interpreter:
Not applicable

Date/Time:
02/07/2019 12:10

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Classification Of Case:

SN 50

Authentication Stamp
NP168



Claim Handling

Accident MT/1051760

Policy No.	0083676043-15	Vehicle No.	FC1959R	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA BON HUAT			Policyholder NRIC	S0105025G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97618586	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Report Date	03/07/2019 16:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	02/07/2019	Time of Accident (h:mm)	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG QUEENSWAY TOWARDS BUKIT MERAH LAMP POST 95				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	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	BLK 6 #05-14	Address 2	HOLLAND CLOSE	Address 3	SINGAPORE 271006
Address 4		Address Type	Singapore address	Post Code	271006
Unit No.		Related Policy Number	0083676043-15		

OI Driver Info

Driver Name	CHUA BON HUAT	Driver Type	Main Driver	Driver DOB	03/08/1951
Unnamed driver Name		Driver NRIC	S0105025G	Driving Experience	0
Register Date of Driver License	03/07/2019	Driver Age	67	Contact No.(Home)	
Contact No.(Mobile)	97618586	Contact No.(Office)		Address 3	SINGAPORE 271006
Address 1	BLK 6 #05-14	Address 2	HOLLAND CLOSE	Post Code	271006
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.	FC1959R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>
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Modification History

Claim 001

Next

Claim Type *	DD-MX	Insured Name	CHUA BON HUAT	Insured NRIC	S0105025G
Contact No.(Mobile)	97618586	Contact No. (Home)	67796894	Contact No. (Office)	02564245
Email Address		DI Vehicle Number	FC1959R	TP Vehicle Number	SLV1336J
Claim Description	FC1959R / SLV1336J ON 2 Jul 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Submit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/07/2019 16:36	Claim Close Date		Date Received	03/07/2019 00:00
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1051760	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/07/2019 16:36
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 16:36	Photos	Normal	Photos 2019-7-3		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 16:36	Photos	Normal	Photos 2019-7-3		



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jul 2019 16:36

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jul 2019 16:36

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S (BUKIT MERAH)) on 03 Jul 2019 16:36

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jul 2019 16:36

Photos

Normal

Photos 2019-7-3

Photos

Normal

Photos 2019-7-3

Photos

Normal

Photos 2019-7-3

Photos

Normal

Photos 2019-7-3

Photos

Normal

Photos 2019-7-3

Photos

Normal

Photos 2019-7-3

Photos

Normal

Photos 2019-7-3

Photos

Normal

Photos 2019-7-3

Photos

Normal

Photos 2019-7-3

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-7-3

SAS

Normal

SAS 2019-7-3

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

301050250



For LKK/NAC Use Only

End Date: 03 Aug 1951
Issue Date: 12 Jul 1950

000550512H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0105025G



CHUA BON HUAT
蔡文发

For LKK/NAC Use Only

CHINESE
Date of Birth: 03-08-1951 Sex: M
Country of Birth: SINGAPORE

LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	PASS DATE
MOTORCYCLES NOT EXCEEDING 200 CC	24 Nov 1977
MOTORCYCLES BETWEEN 200 CC AND 400 CC	24 Nov 1977
MOTORCYCLES EXCEEDING 400 CC	24 Nov 1977
MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	27 Sep 1972

For LKK/NAC Use Only

S / No. 9000173868

License No: S0105025G

1373125



NRIC No: S0105025G



For LKK/NAC Use Only

Blood Group: O+ Date of Issue: 13-10-1993

Address:
APT BLK 6 HOLLAND CLOSE
#05-14
SINGAPORE 1027

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 type="radio"/>	0083676943-15		CHUA BON HUAT	50105025G	GMC	Third Party	FC1959R	FC1959R	17/04/2019	16/04/2020