

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

19/10/2019

Date In: 22/10/2019 15:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: 1234567890123456789	E-mail (3 jobs 2 hrs, AIC 2 hrs)		
Veh No: SKF 280E	I-Motor Claim Form	22/10/2019	16:23
D.O.A: 21/10/2019 19:00	I-Motor W/O (Within: OD 2 hrs, TP 4 hrs)		
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: PHOTOKIA	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 ()	
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.		
() 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: ()

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: 1 day DA + 5MRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Coordination \$10	
	*NT: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non-INC) against INC \$30	
	5) NI: 1 day Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/2

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	22/10/2019 15:50
Date Of Accident	21/10/2019 19:00
Exact Location Of Accident	JUNCTION OF SIN MING AVENUE/UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF280E
Insured/Policyholder	
Name Of Registered Owner	VROOM ONE
Co Reg No	53351158E
Email Address	PHANGCB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96372001
Alternative Phone No	OFFICE-96372001

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086262558-02
Cover Note Number	

Driver

Name of Driver	PHANG CHEE BOON
NRIC No	S2564972I
Date Of Birth	05/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1984
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96372001
Fax Number	
Contact Number	OTHERS-96372001
Email Address	PHANGCB@GMAIL.COM

Address	20 WILBY ROAD #07-05
Postcode	276305
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191021/2183

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
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 UNKNOWN PEDESTRIAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
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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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.

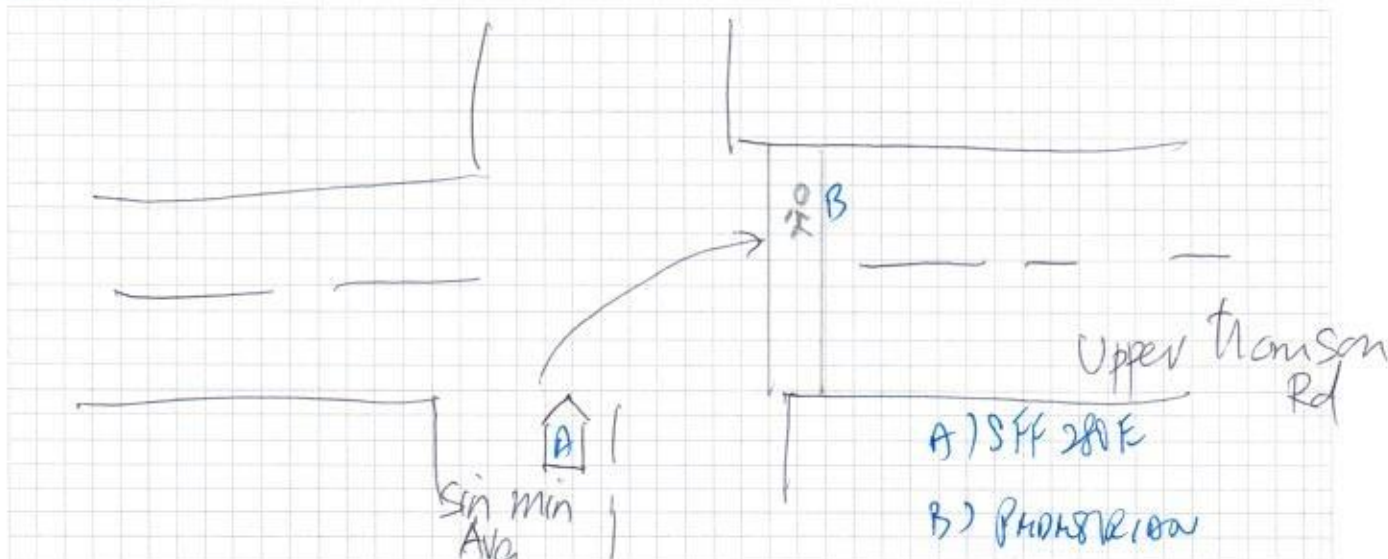
VRoom One
ACRA Registration
53351158E

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21 Oct 2019 I was driving at Sin Min Ave & stop & wait @ junction with Upper Thomson Rd

When the green light is turn on I waited for opposing traffic to clear the junction. Then I slowly drove to the right side of Upper Thomson Rd

However suddenly I saw a pedestrian in front of my car but I could not brake in time to avoid her.

I helped her to the side & called ambulance which also activated Traffic Police.

The ~~paramedic~~ paramedic checked on her & conclude that she does not need to go to hospital

POLICE REPORT 7/2091021/283

DECLARATION

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

VRoom One
ACRA Registration
53351158E
Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time:
22/10/19

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

22/10/2019
Repd [Signature]



Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20191021/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2019 20:40	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: PHANG CHEE BOON			Address: 20 WILBY ROAD #07-05 SINGAPORE 276305	
ID Type / ID No.: NRIC NO / S2564972I			Contact No.: Home/Office:	Mobile: 96372001
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 05/01/1953	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/10/2019 19:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SIN MING AVENUE UPPER THOMSON ROAD SIN MING AVENUE X UPPER THOMSON ROAD Lamp Post Number: 114				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFF280E	Car	TOYOTA	VIOS E AUTO	Red	No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191021/2183

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

3 of 3

Report No. T/20191021/2183

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 KIM WILSON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

Date/Time:

21/10/2019 20:40

Classification Of Case:

SN 50

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE



Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Driver			
Name	PHANG CHEE BOON	ID No.	S2564972I
Related Vehicle	NIL	Contact No.	96372001
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/10/2019 at about 7pm, I was at the junction of Sin Ming Ave and Upper Thomson Rd in my vehicle SFF280E. I was on Lane 1, waiting for the traffic light to turn green to my favor before turning right from Sin Ming Avenue to Upper Thomson Road. I was the first car to be turning right among all the cars in Lane 1.

After the traffic from the opposite direction was cleared, I turned right slowly. I did not notice that there were pedestrian crossing. The next I knew, I saw someone in front of my car and I performed emergency brake however to no avail. I knocked on to the pedestrian and stopped immediately.

I immediately went down and checked if the pedestrian was okay and she assured me that she is okay. I called for the ambulance and the ambulance came. Paramedics informed that the pedestrian do not have to go to the hospital and they applied plasters on her hands for bruises and scratches she sustained.

I wish to state that Police were at scene as well, however I do not have the report number and the contact details of the Traffic Police (TP).

I wish to also state that I do have an in-vehicle camera and the TP at scene has taken the footages stored in a memory card. My car was not damaged.

I wish to further state that I was travelling at a very slow speed while turning right.



211 2006
RED VIOS CAR

SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/20191021/620

I, SS SYATHIN
(Recipient's Name, NRIC or Passport No. / Rank and No.)
of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 101 Samsung 32GB Micro SD Card
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Phang Chee Boon, S25649721, No: 9637 2001
(Name, NRIC or Passport No. / Rank and No.)
of 20 Wilby Road #09-05 S(276205)
(Address / Police Station / NPC / NPP)
on 21/10/19 at 8PM
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

CBTher
(Signature)
Phang CB S25649721
(Name, NRIC or Passport No. / Rank and No.)

SS SYATHIN
(Signature)
SS SYATHIN
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: for TP 10 FEL02, 6547 6206

1) loose traffic accident report immediately.

ACCIDENT STATEMENT

ACCIDENT DATE: (21/10/19) (DD/MM/YYYY), TIME: (19:00) (HH:MM)

LOCATION: Junction of Sin Min Ave & Upper Thomson Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFF 280 E
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5086262558-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Vios
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Grab
 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: VROOM ONE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Phang Chee Boon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 525649721 CONTACT: 96372001
 c) ADDRESS: 20 WILBY ROAD
 SE 276305

* d) DATE OF BIRTH: (05/01/53) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: Commonwealth

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
 (including driver)
 (1)

No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()

email = phangcb@gmail.com
 VIDEO

Claim Handling

Accident MT/1068034

Policy No.	5086262558-02	Vehicle No.	SFF280E	GST Registration No.	
Certificate No.					
Policyholder Name	VROOM ONE	Cover Type	drivo CLASSIC	Policyholder NRIC	53351158E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96372001	Special Remark		Contact No.(Home)	
Email Address		TCA		eCode	No
KFK	No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	Yes
▼ Accident Details					
Report Date	22/10/2019 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	21/10/2019	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF SIN MING AVENUE/UPPER THOMSON ROAD				
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	20 WILBY ROAD	Address 2	#07-05 THE TESSARUNA	Address 3	SINGAPORE 276305
Address 4		Address Type	Singapore address	Post Code	276305
Unit No.	07-05	Related Policy Number	5086262558-02		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/01/1953
Unnamed driver Name	PHANG CHEE BOON	Driver NRIC	S2564972E	Driving Experience	+79
Register Date of Driver License	17/03/2009	Driver Age	66	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 276305
Address 1	20 WILBY ROAD	Address 2	#07-05 THE TESSARUNA	Post Code	276305
Address 4		Address Type	Foreign address		
Unit No.	07-05				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SFF280E	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	VROOM ONE	Insured NRIC	53351158E
Contact No.(Mobile)	96372001	Contact No. (Home)		Contact No. (Office)	+
Email Address		OI Vehicle Number	SFF280E	tp	PEDESTRIAN
Claim Description	SFF280E / PEDESTRIAN ON 21 Oct 2019				
Preferred Workshop		Insured Liability	Fully at Fault		
Rollback No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	22/10/2019 16:22
Report Taken By				Date Received	22/10/2019 00:00
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1068034	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	22/10/2019 16:23		
Path *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read		Send Message			
▼ Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 16:23	Photos	Normal	Photos 2019-10-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 16:23	Photos	Normal	Photos 2019-10-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 16:23	Photos	Normal	Photos 2019-10-22	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 16:23	Photos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 16:22	Photos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 16:22	Photos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 16:22	Photos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 16:22	Photos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 16:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 16:22	SAS		Normal	SAS 2019-10-22

Video List

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

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
*	5056262558-02		VROOM ONE	53351158E	GPC	drive CLASSIC	SFF280E	SFF280E	15/11/2018	14/11/2019

[Continue](#)