

NATIONAL Assessment Centre Services.

(wef 1 Jan'08)

MAA419147900

Date In: 08/11/2019 11:22	Job description	Date & Time Completed	Done by
Ref No: N/A/20190198214	SAS e-illing		
Veh No: 185 856X	E-mail (30 mins, A/C 2hrs)		
DOA: 07/11/2019 07:50	I-Motor Claim Form	07/11/2019 05:05	08/11/2019 11:57
QID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SH 828SE	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 repair.
() Total Loss Case:	to e-mail Insurer URGENTLY.
Drive-In () / Towed-In ()	Invoice: YES () / NO () ; Towing Co: ()
Repair Details:	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Date of Injury:	

N91908538

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2008)	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TE (NI): TP (N-INC) against INC \$20	
	*N12: Ideal Mobile \$0	
	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	08/11/2019 11:22
Date Of Accident	07/11/2019 07:50
Exact Location Of Accident	ALONG NORTH BRIDGE ROAD A/F PASSING SEAH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ856X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AGUS BIN OTHMAN
NRIC No	S1194757C
Email Address	WAK856@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93557578
Alternative Phone No	OTHERS-93557578

Vehicle Particulars

Manufacturer	ROYAL ENFIELD
Model	BULLET CLASSIC 350-346CC
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	5063662292-05
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AGUS BIN OTHMAN
NRIC No	S1194757C
Date Of Birth	24/08/1956
Occupation	INDOOR
Date Of Driving Pass	13/05/1975
Driving Experience	44 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93557578
Fax Number	
Contact Number	OTHERS-93557578
Email Address	WAK856@GMAIL.COM

Address BLK 972 HOUGANG STREET 91
#02-188
Postcode 530972
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 - CHANGE/CROSS LANE
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? 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: : FATIMAH AZZAHRA BINTE MUHAMMAD AGUS
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191107/2111

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 SH8283E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TAN TECK SIONG
NRIC/Passport Number S1171009C
Contact Number 96234054

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD AGUS BIN OTHMAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBJ856X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name FATIMAH AZZAHRA BINTE MUHAMMAD AGUS
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBJ856X
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.
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.

 27/11/19

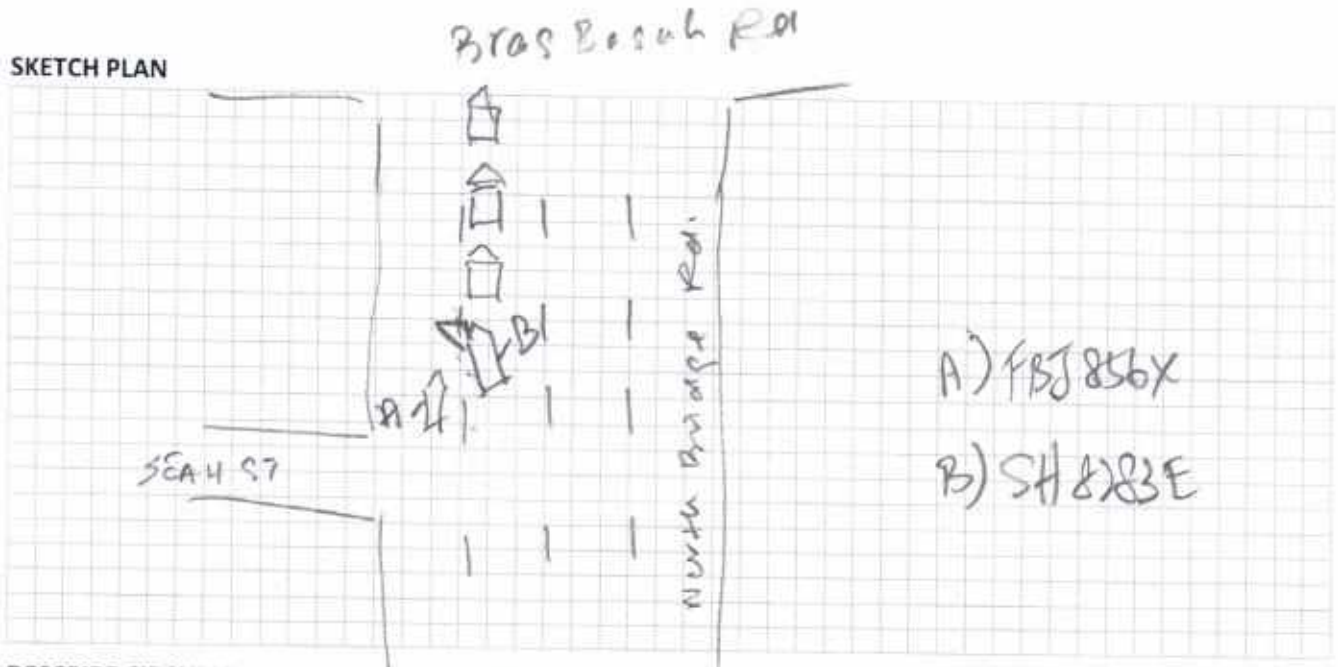
Policyholder's Signature
Date & Time:

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

 28/11/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*DIS REFHR 2 POLICE REPORT
1/2019/1107/2011*

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/20191107/2111

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20191107/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2019 15:29			Vide Report No.:		Station Diary No.: 77
Informant's Particulars					
Name of Informant: MUHAMMAD AGUS BIN OTHMAN			Address: APT BLK 972 HOUGANG STREET 91 #02-188 SINGAPORE 530972		
ID Type / ID No.: NRIC NO / S1194757C			Contact No.: Home/Office: Mobile: 93557578		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 24/08/1956	Type of Informant: Rider		
Race: Javanese			Language:	Institution / School Name:	
Occupation: Civil engineer (general)			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2019 07:50	Type of Location:
Location: Along Road 1 NORTH BRIDGE ROAD				
Along North Bridge road after passing Seah Street Road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ856X	Motorcycle	ROYAL ENFIELD	BULLET CLASSIC 350 MANUAL	Black	Slightly Damaged	1
SH8283E	TAXI				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20191107/2111

2 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20191107/2111

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ856X	NTUC Income Insurance Co-Operative Limited	5063662292-05	02/01/2019	01/01/2020

Brief Details.

On 07/11/2019 at about 0750hrs, I was travelling along North Bridge road on the left most lane in my motorcycle (FBJ 856X) and everything was normal. Shortly after, I passed by Seah Street and there was another taxi (Registration plate no: SH 8283E) on the second most lane.

As the traffic was congested, I slowed down my vehicle. The taxi then cut into my lane without signalling and because of the traffic congestion, I did not manage to brake in time and fell off my motorcycle. I then suffered abrasions from my right elbow and right Hip area. My daughter (Pillon) also suffered some bruises from her toes and both of us were given two day s medical certificate after seeing the doctor. I wish to state that I collided onto this left side mirror and the damages to my motorcycle are from the right foot rest. I am lodging this report for record and insurance purposes.

Details of the taxi driver

S1171009C

Tay Teck Siong

contact no: 9623 4054



**SINGAPORE
POLICE FORCE**



T/20191107/2111

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20191107/2111

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:

F /
Sgt 1 ONG YU HAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE-SYED
MOHD SAID
Contact No: 65476172

SN 085

Authentication Stamp
NP168

Signature

Singapore Police Force

Signature Of Informant:

Date/Time:
07/11/2019 15:29

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (07/11/2019) (DD/MM/YYYY), TIME: (07:50) (HH:MM)

LOCATION: Along North Bridge Rd A/F Sank Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 856X
 b) INSURANCE COMPANY: APAC
 c) POLICY NUMBER: 4063662292-05
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: ROYAL ENFIELD BULBUL CLASSIC
 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: MUHAMMAD AGUS BIKI OTMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 93557570
 c) ADDRESS: _____

* 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: (24/07/1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/05/1978

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: Hougang

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 8283E MODEL: _____
 b) DRIVER'S NAME: TAY KEE SIANG
 c) NRIC/FIN/PASSPORT: 81171009C CONTACT: 96234054

9. THIRD PARTY VEHICLE

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

FATIMAH AZZAHRA
 BINTU
 MUHAMMAD AGUS

* No of passengers
 (including driver)
 (2)

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

email = wak856@gmail.com

VIDEO

Claim Handling

Accident MT/1070505

Policy No.	5063662292-05	Vehicle No.	FBJ856X	GST Registrati
Certificate No.				
Policyholder Name	MUHAMMAD AGUS BIN OTHMAN			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	93557578	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KPK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	08/11/2019 11:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/11/2019	Time of Accident hh:mm	07:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG NORTH BRIDGE ROAD A/F PASSING SEAH STREET			

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Ex
Unnamed 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 972 #02-188	Address 2	HOU GANG STREET 91	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-188	Related Policy Number	5108820136	

OI Driver Info

Driver Name	MUHAMMAD AGUS BIN OTHMAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1194757C	Driver DOB
Register Date of Driver License	13/05/1975	Driver Age	63	Driving Experi
Contact No.(Mobile)	93557578	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 972 #02-188	Address 2	HOU GANG STREET 91	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-188			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBJ856X	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MU
Contact No.(Mobile)	93557578	Contact No. (Home)	631
Email Address		Vehicle Number	FBJ
Claim Description	FBJ856X / SH8283E ON 7 Nov 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	08/11/2019 11:48
			ROS LI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.	MT/1D70505	Claim No.	001
Last Doc. Received	* Yes <input type="radio"/> No <input type="radio"/>	Upload Date	08/11/2019 11:51
Path *		Category *	Confider
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
Message Read		Clear	Please Select ▼ NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 11:51	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 11:51	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 11:51	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 11:50	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 11:48	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 11:48	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 11:48	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 11:48	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 11:48	SAS		Normal	S

Video List

Uploaded By/Date	Folder Date	File Name
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[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.	<input type="text"/>	Date of Accident	<input type="text" value="07/11/2019 16:45"/>
Vehicle No.(For Motor)	<input type="text" value="FBJ856X"/>	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="radio"/>	5063662292-05		MUHAMMAD AGUS BIN OTHMAN	S1194757C	GMC	Third Party, Fire & Theft	FBJ856X	FBJ856X	02/01/2019	01/01/2020