

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

2.11.00/18/245

Date In: 08/11/2009 17:34	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/90/98734	SAS e-filing		
Veh No: 185 37285	E-mail (3 days, A/C 2hrs)		
DOA: 08/11/2009 09:15	I-Motor Claims Form	01/10/2007-001	08/11/2009 18:00
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: Unknown CAR	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: _____

Date/Time	By

<p>181908540</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Additional Comments:</p> <p>Ref: 1:</p> <p>2/3</p>	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) TP: Towing Fee	\$40/\$45
	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	• N5: Courtesy Car / Tpl Allowance	\$3
• N6: Repair Co-ordination	\$10	
• N7: Post Repair Inspection	\$25	
• N8: DV / Collect Excess Coordination	\$3	
• N9: DV / Collect Excess Coordination	\$30	
• N10: DV / Collect Excess Coordination	\$30	
• N11: DV / Collect Excess Coordination	\$30	
• N12: Ideal 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	08/11/2019 17:34
Date Of Accident	08/11/2019 09:15
Exact Location Of Accident	BRADDELL ROAD TOWARDS LORNIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3728J
Insured/Policyholder	
Name Of Registered Owner	K JEGATHEESS
NRIC No	S9045792F
Email Address	JEG2211@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91812975
Alternative Phone No	OTHERS-91812975

Vehicle Particulars

Manufacturer	HONDA
Model	CBR1000RR-999CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5112246344
Cover Note Number	

Driver

Name of Driver	K JEGATHEESS
NRIC No	S9045792F
Date Of Birth	22/11/1990
Occupation	INDOOR
Date Of Driving Pass	28/04/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91812975
Fax Number	
Contact Number	OTHERS-91812975
Email Address	JEG2211@HOTMAIL.COM

Address	106K AH SOO WALK
Postcode	536736
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2091108/2054

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	UNKNOWN
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	K JEGATHEESS
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF3728J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.


Policyholder's Signature
Date & Time: 08/11/2019

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


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

SKETCH PLAN

A) FBF 3728 J

B) UNKNOWN CAR

cones

Road divider

To lane

4

3

2

car B

Ax

Ax

my motorbike

As I was travelling along Braddle Road towards Lornie, I was on lane 2 and travelling at 60 km/h. All of a sudden, a white/silver Audi car swerved from lane 1 all the way 2 lane 4 and sped off. This sudden and reckless driving by the car, made me apply my sudden brakes so as to avoid ~~being~~ being hit by the car. I narrowly evaded the car, but since it was raining, the road was slippery and my bike slipped, losing control and ~~it~~ fell near the cones ahead. Passer by vehicles stopped to assist me. However, the Audi car sped off without stopping to assist or give their particulars. ~~It was~~

Police Report 7/2019/1108/2054

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

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



SINGAPORE POLICE FORCE



T/20191108/2054

10

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20191108/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2019 13:12			Vide Report No.:		Station Diary No.: 19
Informant's Particulars					
Name of Informant: K JEGATHEESSH			Address: 106K AH SOO WALK SINGAPORE 536736		
ID Type / ID No.: NRIC NO / S9045792F			Contact No.: Home/Office: Mobile: 91812975		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 22/11/1990	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2019 09:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BRADDELL ROAD LORNIE ROAD BFOR MOSQUE AND SPORE ISLAMIC HUB				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Self-Skidded				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3728J	Motorcycle	HONDA	CBR1000RR	Black		0
GY7034S	Van					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3728J	NTUC Income Insurance Co-Operative Limited	5112246344	29/08/2019	09/06/2020



Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

2 of 3

Report No: T/20191108/2054

CONTINUATION OF REPORT

Brief Details.

On 08/11/2019 at about 0910hrs, I was riding my bike bearing registration number FBF3728J along Braddell Road towards Lornie Road on the 2nd lane of a 5-lane road. Nothing was amiss.

On the same day at about 0915hrs, I then noticed that there was a White Audi car (Unknown registration number) moving on the 1st lane. The said car then suddenly made an abrupt swerved into the 4th lane and left the vicinity instantly. At that point of time there was a van bearing registration number GY7034S which was moving on the 3rd lane made a jammed brake due to the sudden swerved of the said Audi car.

Thus I had to make a jam brake to avoid on the collision with the van and unfortunately my bike got self-skidded. I then fell to the ground. Not long after the said van driver namely Ragu (Hp: 98172885) came to assist me. Soon after I called for police assistance vide E/20191108/0062.

Traffic Police and ambulance arrived at scene not long after. Due to the accident I sustained an abrasion on my right arm. I did not require any ambulance conveyance.

I wish to state that my bike's foot pegs and front brake disk was damaged. In addition my bike ferring were also damage. However my bike are still able to move off.

There is a CCTV at the said location. I was then advised to make a repor for Traffic Police assistance.



**SINGAPORE
POLICE FORCE**



T/20191108/2054

3 of 3

Report No. T/20191108/2054

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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 3 SYED NAFIS BIN SYED HUSSAIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

Date/Time:
08/11/2019 13:12

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 11 / 2019) (DD/MM/YYYY), TIME: (09 : 15) (HH:MM)

LOCATION: Braddie Road towards Iornie

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F8F 3728J
 b) INSURANCE COMPANY: PTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CBR 1000 RR
 f) TYPE: (SALEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Travelling to work
 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: K. Jegathnesan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9045782F CONTACT: 9181 2975
 c) ADDRESS: 106K An Soo Walk (S536736)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (22 / 11 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/08/2012

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: Paya Lebar NIP

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

Email = jeg2211@hotmail.com

VIDEO

Claim Handling

Accident MT/1070607

Policy No.	5112246344	Vehicle No.	FBF3728J	GST Registrati
Certificate No.				
Policyholder Name	K JEGATHEESSH			Policyholder No
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91812975	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	Yes	TCA	Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	08/11/2019 17:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/11/2019	Time of Accident hh:mm	09:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BRADDELL ROAD TOWARDS LORNIE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
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	106K AH SOO WALK	Address 2	SINGAPORE S36736	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112246344	

OI Driver Info

Driver Name	K JEGATHEESSH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9045702F	Driver DOB
Register Date of Driver License	01/01/2012	Driver Age	28	Driving Experi
Contact No.(Mobile)	91812975	Contact No.(Office)		Contact No.(H
Address 1	106K AH SOO WALK	Address 2	SINGAPORE S36736	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBF3728J	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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Consent No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX Insured Name K J

91812975 Contact No. (Home) 911

JEG2211@HOTMAIL.COM OI Vehicle Number FBF

FBF3728J / UNKNOWN CAR ON 8 Nov 2019

Insured Liability Not at Fault

Preferred Repair Option Preferred Workshop, Name unknown SIA report Received

08/11/2019 17:59 Claim Close Date

ROSLI WAHAB

Save Submit

Attachment

Accident No.	MT/1070607	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	08/11/2019 18:00

Path *

Choose File	No file chosen	Clear	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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 18:00	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 18:00	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 18:00	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 18:00	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 18:00	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 17:59	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 17:59	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 17:59	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 17:59	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2019 17:59	SAS	Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	

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. 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"/>	5112246344		X JEGATHEESSH	S9045792F	GMC	Third Party	FBF3728J	FBF3728J	29/08/2019	09/06/2020