

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NAACR/57356

Date Inc: 15/11/2009 17:12	Job description	Date & Time Completed	Done by
Ref No: NAACR/9020326/4	SAS e-filing		
Veh No: SGP 9172C	E-mail (update 2hrs, A/C 2hrs)		
D.O.A: 14/11/2009 08:48	I-Motor Claim Form	15/11/2009 17:31	
OD: TP / Reporting Only	I-Motor W/O (Withlet OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGP 9172C	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: ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Date of Incident:	

NAACR/908589	
Client Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)
Contact No:	3) TP: Towing Fee \$40/245
Damaged Portion:	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2009)
	6) TR: Re-inspection \$75
	7) NI: Idao 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 \$5
	TP (Nil) / TP (Non INC) against INC \$20
	9) NI: Idao Mobile \$30

QC Checked by (Engr-In-Charge):	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	15/11/2019 17:12
Date Of Accident	14/11/2019 08:45
Exact Location Of Accident	JUNCTION OF TAMPINES AVE 5 AND TAMPINES AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB9171L
Insured/Policyholder	
Name Of Registered Owner	ROMIZAN B MOHD SAHID
NRIC No	S7530829I
Email Address	LIN_ROMI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81805464
Alternative Phone No	OTHERS-81805464

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

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	5106870601
Cover Note Number	

Driver

Name of Driver	ROMIZAN B MOHD SAHID
NRIC No	S7530829I
Date Of Birth	14/10/1975
Occupation	INDOOR
Date Of Driving Pass	05/11/1997
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81805464
Fax Number	
Contact Number	OTHERS-81805464
EMail Address	LIN_ROMI@YAHOO.COM.SG

Address	BLK 661C JURONG WEST STREET 64 #02-436
Postcode	643661
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 ON COLLISION
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191114/2128 AND T/20191115/2043

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	SGP9192C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ROMIZAN B MOHD SAHID

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SGB9171L

Were seat belts worn? YES

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.

 15/11/19

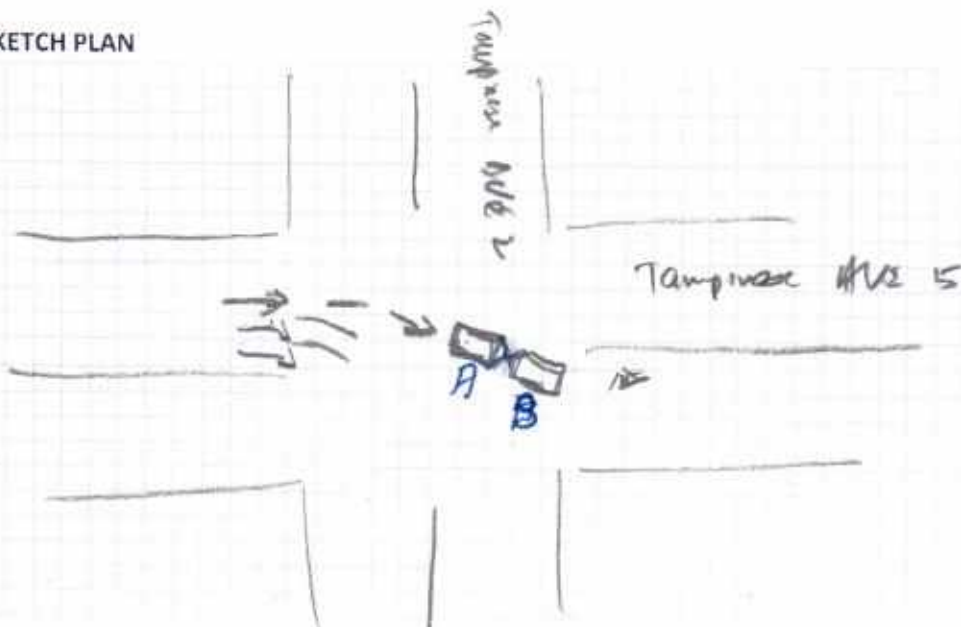
Policyholder's Signature
Date & Time:

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

 15/11/2019

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

SKETCH PLAN



A) SGB 9171L
B) SGP 9192C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

028 REFER TO POLICE REPORT
7/2019/114/2128 & 7/2019/115/2043

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/20191114/2128

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20191114/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2019 17:44	Vide Report No.:	Station Diary No.: 453
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Informant's Particulars

Name of Informant: ROMIZAN BIN MOHAMED SAHID	Address: APT BLK 661C JURONG WEST STREET 64 #02-436 SINGAPORE 643661		
ID Type / ID No.: NRIC NO / S7530829I	Contact No.: Home/Office: Mobile: 81805464		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 44	Date of Birth: 14/10/1975	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: Computer engineer	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/11/2019 08:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 5 TAMPINES AVENUE 2				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB9171L	Car	TOYOTA	COROLLA 1.6	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGB9171L	NTUC Income Insurance Co-Operative Limited	5106870601	09/01/2019	03/01/2020



**SINGAPORE
POLICE FORCE**



T/20191114/2128

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Report No. T/20191114/2128

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ROMIZAN BIN MOHAMED SAHID	ID No.	S7530829I
Related Vehicle	SGB9171L (Car)	Contact No.	81805464
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	Slight

Brief Details.

On 14/11/2019 at about 0845hrs, I was driving my vehicle SGB9171L along Tampines Ave 5 on the third lane from the left, which was going straight. The traffic light had turned red at the junction of Tampines Ave 5 and Tampines Ave 2, hence I had stopped behind 4 - 5 cars. I then took a sip of water from my bottle as my throat felt dry. Upon putting the bottle down, the traffic light turned green.

When my vehicle started cruising forward, I choked on the water and began coughing heavily. The cough got so serious that I started to black out, while my vehicle was still moving forward. I could not remember if my foot was on the accelerator. The next thing I knew, I was woken up by someone and I saw that there was a red vehicle in front of me which I had collided head-on. I was then conveyed to Changi General Hospital by the ambulance. I did not manage to get the details of the other party as I was subconscious at that moment. However, she was also conveyed to the hospital. I was then given 3 days' of medical leaves.

My vehicle's in-car camera was not in use, however the other party's vehicle seemed to be having an in-car camera. I am also unsure of the damages on the vehicles.



**SINGAPORE
POLICE FORCE**



T/20191114/2128

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20191114/2128

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:

J /
Sgt 2 BRENDA TING WAN HUA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/11/2019 17:44

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD TAUFIQ BIN MOHAMED
Contact No.: 92977771

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE
SATELITE MONITORING

SIGNATURE



T/20191115/2043

1 of 3

Report No. T/20191115/2043

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20191114/2128
Report Number T/20191115/2043
Vide Report Number T/20191114/2128
Date/Time of Report Made 15/11/2019 11:29
Place Report Lodged Traffic Police
Type of Informant Driver
Name of Informant ROMIZAN BIN MOHAMED SAHID
ID Type / ID No. NRIC NO / S7530829I
Home/Office
Mobile 81805464
Email
Type of Accident Injury / Conveyed By Ambulance
Drink Drive No
Anyone conveyed by ambulance No
Date/Time of Accident 14/11/2019 08:45

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB9171L	Car	TOYOTA	COROLLA 1.6	Silver	Seriously Damaged	0

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



T/20191115/2043

2 of 3

Report No. T/20191115/2043

Continuation of CSF For NP168

Driver			
Name	ROMIZAN BIN MOHAMED SAHID	ID No.	S7530829I
Related Vehicle	SGB9171L (Car)	Contact No.	81805464
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 Facts.

IN REGARDS TO REPORT T/20191114/2128

I WOULD LIKE TO ADD THAT PRIOR TO THIS INCIDENT I HAVE NO MEDICAL HISTORY, AND WHEN I WAS COUGHING HEAVILY I CLOSED MY EYES DUE TO MY DRY THROAT.



T/20191115/2043

3 of 3

Report No. T/20191115/2043

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MUHAMMAD TAUFIQ BIN MOHAMED
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

ACCIDENT STATEMENT

ACCIDENT DATE: (14/11/79) (DD/MM/YYYY), TIME: (04:50) (HH:MM)

LOCATION: Temple Road No 5 & No 2 junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGB9171L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA COROLLA ATIS
 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: Romiza bin Abdul Samad (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 7530291 CONTACT: 81805464
 c) ADDRESS: 661C Juncy West Rd 64 #02-436

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (14/10/1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05/11/1997

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: Strong Police Station

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SGP9192C MODEL: Honda

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: _____

Email: lin_comi@yahoo.com.sg

VIDEO lin_comi@yahoo.com.sg

Claim Handling

Accident M1/1071590

Policy No.	5106870601	Vehicle No.	SGB9171L	GST Registrati
*Certificate No.				
Policyholder Name	ROMIZAN B MOHD SAHID			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	81805464	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	15/11/2019 17:23	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/11/2019	Time of Accident hh:mm	08:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF TAMPINES AVE 5 AND TAMPINES AVE 2			

▼ Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
Third Party Excess	0.00	Outside Singapore TP Excess	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 661C #02-436	Address 2	JURONG WEST STREET 64	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-436	Related Policy Number	5106870601	

▼ OI Driver Info

Driver Name	ROMIZAN BIN MOHAMED SAHID	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7530829I	Driver DOB
Register Date of Driver License	05/11/1997	Driver Age	44	Driving Experi
Contact No.(Mobile)	81805464	Contact No.(Office)		Contact No.(H
Address 1	BLK 661C #02-436	Address 2	JURONG WEST STREET 64	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-436			
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SGB9171L	Driver Insurer

Declaration

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

Claim 001 **New**

Claim Type *	00-MX	Insured Name	RO
Contact No.(Mobile)		Contact No. (Home)	68
Email Address		OI Vehicle Number	SG
Claim Description	SGB9171L / SGP9171C ON 14 Nov 2019		
Preferred Workshop	Preferred	Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	15/11/2019 17:30
			ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:31	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:31	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:31	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:31	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:30	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:30	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:30	Photos		Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:30	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:30	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:30	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 17:30	SAS		Normal	S

▼ Video List

Uploaded By/Date	Folder Date	File Name	
			<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>

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="14/11/2019 16:45"/>
Vehicle No.(For Motor)	<input type="text" value="SGB9171L"/>	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"/>	5106870601		RDMIZAN B MOHD SAHID	575308291	GPC	Third Party, Fire & Theft	SGB9171L	SGB9171L	09/01/2019	03/01/2020
<input type="button" value="Continue"/>										