

# NATIONAL Assessment Centre Services.

(wet 1 Jan'00)

18/11/2019 18:45

Date In: 18/11/2019 18:45	Job description	Date & Time Completed	Done by
Ref No: N80/2019020428/4	SAS e-filing		
Veh No: FZ 7601C	E-mail (Mobile 3hrs, AIC 2hrs)		
D.O.A: 15/11/2019 19:15	I-Motor Claims Form	18/11/2019 19:09	
OD: 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/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SX 7727R	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 ( )	

( ) Wall-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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )
-------------

Date: ( )	Action: ( )

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:	
• NS: Courtesy Car / Tpt Allowance	\$3
• NG: Repairs Co-ordination	\$10
• NI: Post Repair Inspection	\$25
• ND: DV / Collect Excess Coordination	\$5
• TE (NI) / TP (Non INC) against INC	\$20
• NI: Ideal Mobile	\$30
Invoice dated	Fee Charged
Invoice dated	Fee Charged

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------

QC Checked by (Engr-In-Charge):
---------------------------------



## 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	18/11/2019 18:48
Date Of Accident	15/11/2019 19:15
Exact Location Of Accident	NORTH BUONA VISTA RD JUNCTION OF COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ7601L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SHAFI BIN ABDUL KADER
NRIC No	S8934255D
Email Address	04SHAFI89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90729972
Alternative Phone No	OTHERS-90729972

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF-399CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5113426202
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SHAFI BIN ABDUL KADER
NRIC No	S8934255D
Date Of Birth	04/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	21/09/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90729972
Fax Number	
Contact Number	OTHERS-90729972
Email Address	04SHAFI89@GMAIL.COM

Address	BLK 458 JURONG WEST STREET 41 #03-718
Postcode	640458
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 - MAJOR/MINOR RD
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	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191117/2109

#### 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	SX7787R
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HANSEL TAN
NRIC/Passport Number	S9610895H
Contact Number	82008791
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SHAFI BIN ABDUL KADER  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FZ7601L  
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.

Policyholder's Signature  
Date & Time:

18 Nov 19  
1740hrs

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

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

18/11/2019  
Resda Luthar

# SKETCH PLAN



A) FZ 7601L  
B) SX 7187R.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description area:

PLS REFER TO POLICE  
7/2015/117/2109

Handwritten signature: SHARON

## DECLARATION

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

Policyholder's Signature

Date & Time:

18th Nov 19

1745hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18th/2019

Reza Hassan





# SINGAPORE POLICE FORCE



T/20191117/2109

Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

1 of 3

Report No. T/20191117/2109

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2019 19:58	Vide Report No.:	Station Diary No.: 20
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: MUHAMMAD SHAFI BIN ABDUL KADER			Address: APT BLK 458 JURONG WEST STREET 41 #03-718 SINGAPORE 640458		
ID Type / ID No.: NRIC NO / S8934255D			Contact No.: Home/Office: Mobile: 90729972		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 04/10/1989	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Driving instructor/tester			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2019 19:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 NORTH BUONA VISTA ROAD COMMONWEALTH AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ7601L	Motorcycle	HONDA	CB400SF	Blue	Seriously Damaged	0
SX7787R	Car	BMW		Black	No Damage	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ7601L	NTUC Income Insurance Co-Operative Limited	5113426202	16/10/2019	15/10/2020





Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD SHAFI BIN ABDUL KADER	ID No.	S8934255D
Related Vehicle	FZ7601L (Motorcycle)	Contact No.	90729972
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	16/11/2019	Date Discharge	16/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	HANSEL TAN	ID No.	S9610895H
Related Vehicle	SX7787R (Car)	Contact No.	82008791
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.**

On 15/11/2019 at around 1915hrs, I was riding my vehicle V1)FZ7601L along North bouna vista road when I came to the junction of Commonwealth Ave and North Bouna Vista Road. I then stopped at the junction and waited for the traffic light to change in my favor. Once the traffic light changed to the green arrow which allowed vehicles in my lane to turn right and u turn, I proceeded to make an U-turn. After making the U-turn I saw another vehicle, V2)SX7787R filtering left from Commonwealth Avenue onto North Bouna Vista Road. A while later, V2 collided with the rear left side of V1 and I flung off my bike and rolled over on the road. After the accident, I immediately stood up and limped to the side of the road. The driver of V2, Hansel Tan S9610895H came to render assistance awhile later. We then exchanged particulars and left the scene. The ambulance also arrived but I did not wish to be conveyed at that point in time and went to see a doctor by myself later on. I sustained abrasions on my right elbow, knee, shoulder and leg. V1's damages to the crash bar, front and rear ends. The estimated cost of repair for V1 is about SGD\$4000/-. There were no visible damages to V2.





**SINGAPORE  
POLICE FORCE**



T/20191117/2109

Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

3 of 3

Report No. T/20191117/2109

**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 / Staff Sgt NIRESH KUMAR S/O MURUGAYAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/11/2019 19:58
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168 	

# ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 11 / 2019) (DD/MM/YYYY), TIME: (19 : 15) (HH:MM)

LOCATION: North Buona Vista Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F27601L  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda CB 400  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 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 SHAFI BIN ABDUL KADER (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S3734255D CONTACT: 90729972  
 c) ADDRESS: Blk 458, Jurong West St 41, #03-718, 640758

\* 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: (04 / 10 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/09/15

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: own

## 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: 510 Hong Kah South NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Sx 7787R MODEL: Bmw  
 b) DRIVER'S NAME: HANSEL TAN  
 c) NRIC/FIN/PASSPORT: S9610895H CONTACT: 82008791

## 9. THIRD PARTY VEHICLE

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

email = 04shafi89@gmail.com  
 VIDEO



Claim Handling

Accident MT/1071922

Policy No.	5113426202	Vehicle No.	FZ7601L	GST Registrati
Certificate No.				
Policyholder Name	MUHAMMAD SHAFI BIN ABDUL KADER			Policyholder Ni
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90729972	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
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

▼ Accident Details

Report Date	18/11/2019 18:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/11/2019	Time of Accident hh:mm	19:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	NORTH BUONA VISTA RD JUNCTION OF COMMONWEALTH AVE			

▼ 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	BLK 458 #03-718	Address 2	JURONG WEST STREET 41	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5113426202	

▼ OI Driver Info

Driver Name	MUHAMMAD SHAFI BIN ABDUL KADER	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8934255D	Driver DOB
Register Date of Driver License	20/07/2012	Driver Age	30	Driving Experi
Contact No.(Mobile)	90729972	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 458 #03-718	Address 2	JURONG WEST STREET 41	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FZ7601L	Driver Insurer

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MU
Contact No.(Mobile)	90729972	Contact No.(Home)	
Email Address		O1 Vehicle Number	FZ7601L
Claim Description	FZ7601L / SX7787R ON 15 Nov 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered			
Report Taken By		Claim Close Date	18/11/2019 19:01
			ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1071922

Claim No. 001

Last Doc. Received 

Yes

No

Upload Date 18/11/2019 19:09

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category \*

Confider

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:09	SAS		Normal	S
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:03	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:02	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:02	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:02	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:02	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:02	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:02	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 19:01	Photos		Normal	Phc

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

15/11/2019 17:29

Vehicle No.(For Motor)

FZ7601L

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113426202		MUHAMMAD SHAFI BIN ABDUL KADER	S8934255D	GMC	Third Party	FZ7601L	FZ7601L	16/10/2019	15/10/2020

Continue