

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

18/11/2019 15:07

Date In: 19/11/2019 18:22	Job description	Date & Time Completed	Done by
Ref No: N39/INC19020531/1	SAS e-filing		
Veh No: SKH 624C	E-mail (to Jada 2hrs, AIC 2hrs)		
D.O.A: 18/11/2019 07:50	I-Motor Claim Form	19/11/2019 15:07	20/11/2019
OD: 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:

SLD 9582H

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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: (

Completed by:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time:

NA1908710

Claimant Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

2nd L:

2 / 3:

Item	Description	Amount	Remarks
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	Idas DA + SMRT Survey	\$160	
8) NIUC	Additional Services:		
ON			
*N5	Courtesy Car / Tpl Allowance	\$5	
*N6	Repairs Co-ordination	\$10	
*N7	Post Repair Inspection	\$25	
*N8	DV / Collect Excess Coordination	\$5	
TE (N11)	TP (N-in INC) against INC	\$20	
*N12	Idas Mobile	\$0	
Invoice dated			
Invoice dated			
Fee Charged			
Fee Charged			

2019/11/20



## 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	19/11/2019 18:22
Date Of Accident	18/11/2019 07:50
Exact Location Of Accident	SULTAN ISKANDAR COMPLEX (JB-BOUND)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH624C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NORAZREN B RAHMAD
NRIC No	S7108052H
Email Address	MDKBNR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98581708
Alternative Phone No	OTHERS-92373590

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF CABRIOLET
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095768910-02
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD DANISH KHAIREN BIN NORAZREN
NRIC No	S9437782Z
Date Of Birth	08/10/1994
Occupation	INDOOR
Date Of Driving Pass	30/01/2013
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92373590
Fax Number	
Contact Number	OTHERS-98581708
Email Address	MDKBNR@GMAIL.COM

Address	138 VERDE VIEW
Postcode	688726
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 TO REAR
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?	NO
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: : FRIEND GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191119/2052

#### 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	SJD6582H
Vehicle Make/Model/Colour	HONDA AIRWAVE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN HOONG KWAI
NRIC/Passport Number	S2572787H
Contact Number	96648213
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/4/2019 1655h.

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

SKETCH PLAN

AS PER ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report  
1/2019/119/2062

DECLARATION

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

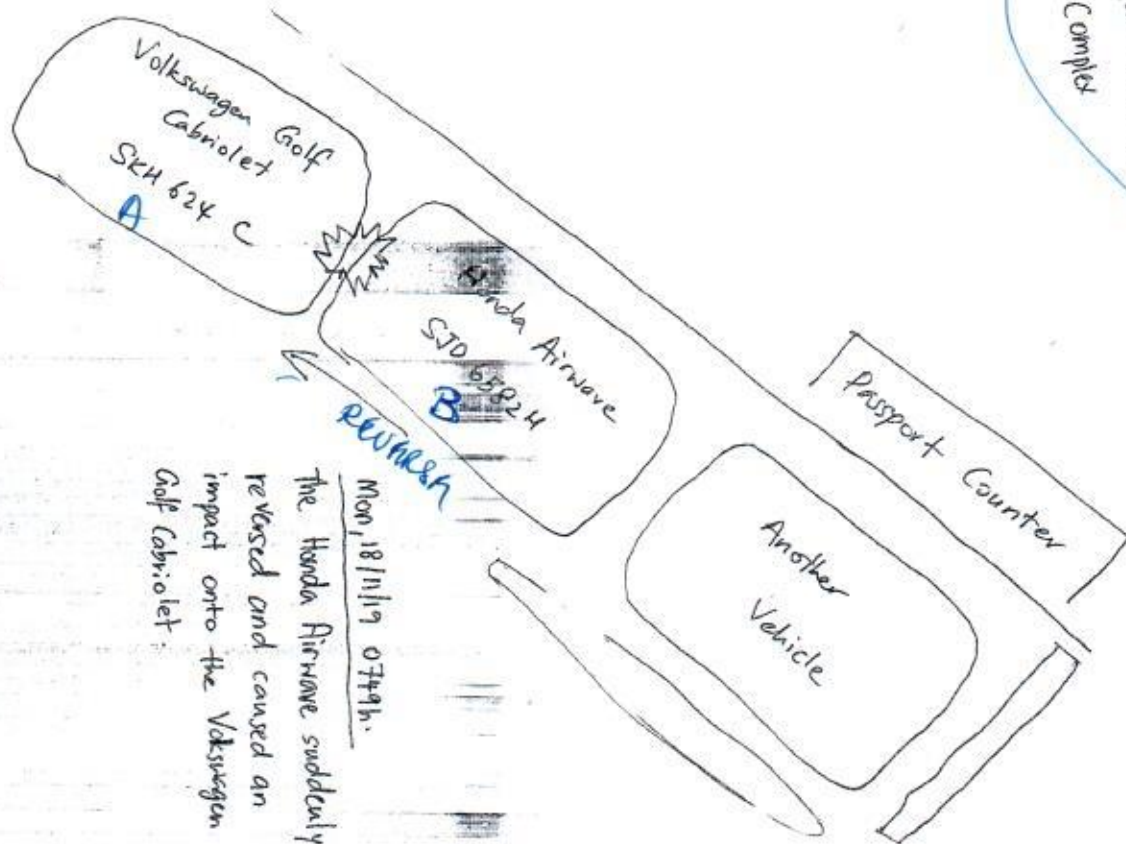
Policyholder's Signature  
Date & Time:

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

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



The accident caused by the grey Honda Airwave with vehicle number STD 6582H, has damaged the front bumper, carplate and the optical parking system sensor of my vehicle.



Mon, 18/11/19 07:49h.  
The Honda Airwave suddenly  
reversed and caused an  
impact onto the Volkswagen  
Golf Cabriolet.

Chin Jia Jia  
2019/11/18



Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20191119/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2019 12:42		Vide Report No.:		Station Diary No.: 75	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD DANISH KHAIREN BIN NORAZREN			Address: 138 VERDE VIEW SINGAPORE 688726		
ID Type / ID No.: NRIC NO / S9437782Z			Contact No.: Home/Office: Mobile: 98581708		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 08/10/1994	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/11/2019 07:50	Type of Location: Straight Road
Location: Along Road 1 Woodlands Crossing Woodlands checkpoint JB side(Sultan Iskandar Complex)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD6582H	Car					0
SKH624C	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



Report No. T/20191119/2052

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: E / Sgt 3 JOEL EE CHYE TECK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2019 12:42
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp  
NP168





SINGAPORE  
POLICE FORCE



T/20191119/2052

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

2 of 3

Report No. T/20191119/2052

CONTINUATION OF REPORT

Driver			
Name	Cham Hoong Kwai	ID No.	S2572787H
Related Vehicle	SJD6582H (Car)	Contact No.	96648213
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
Driver			
Name	MUHAMMAD DANISH KHAIREN BIN NORAZREN	ID No.	S9437782Z
Related Vehicle	SKH624C (Car)	Contact No.	98581708
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 18/11/2019 at 0749hrs, I was inside my vehicle (White Volkswagen Golf Cabriolet, SKH624C) along Johor Bahru Checkpoint(Sultan Iskandar Complex) while being stationary waiting at the passport counter. The vehicle in front of me (Grey Honda) suddenly reversed and hit onto my vehicle. I got out of my vehicle to check the damage and take a photo of the damaged and exchange particulars with the other driver.

The accident caused by the grey Honda Airwave(SJD6582H), has damaged the front bumper, carplate and the optical parking system sensor of my vehicle

I wish to state that no one was injured.  
I am lodging this report for insurances claims.



# ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 11 / 2019 (DD/MM/YYYY), TIME: 07 : 49 (HH:MM)

LOCATION: SULTAN ISKANDAR COMPLEX (JB-BOUND)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 624 C  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5095768910-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: GOLF CABRIOLET, VOLKSWAGEN  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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 DANISH KHAIREN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9437782/E CONTACT: 98581708  
 c) ADDRESS: 138 VERDE VIEW

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: NORAZREN BIN RAHMAD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7108052 H CONTACT: 92373590  
 c) ADDRESS: 138 VERDE VIEW

\* d) DATE OF BIRTH: 19 / 03 / 1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/01/2013

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: BUKITTIMAH NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STD 6582 H MODEL: HONDA  
 b) DRIVER'S NAME: CHAN HOON KWA  
 c) NRIC/FIN/PASSPORT: S 2572787 H CONTACT: 96648213

## 9. THIRD PARTY VEHICLE

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

No of passengers  
 (including driver)  
(2)

No of passengers  
 (including driver)  
( )

No of passengers  
 (including driver)  
( )

Email = mdkbnr@gmail.com

VIDEO

Claim Handling

Accident MT/1072153

Policy No.	5095768910-02	Vehicle No.	SKH624C	GST Registrati
Certificate No.				
Policyholder Name	NORAZREN B RAHMAD			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98581708	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	20/11/2019 09:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/11/2019	Time of Accident hh:mm	07:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SULTAN ISKANDAR COMPLEX (3B-BOUND)			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	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	138 VERDE VIEW	Address 2	VILLA VERDE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5095768910-02	

OI Driver Info

Driver Name	MUHAMMAD DANISH KHAIREN BIN NORAZREN	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S9437782Z	Driver DOB
Register Date of Driver License	30/01/2013	Driver Age	25	Driving Experie
Contact No.(Mobile)	92373590	Contact No.(Office)		Contact No.(Hk
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKH624C	Driver Insurer

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NO
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SKI
Claim Description	SKH624C / SJD6582H ON 18 Nov 2019		
Preferred Workshop		Insured Liability	Not at Fault
Preferred Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			
		Claim Close Date	
			ROSLI WAHAB



Save

Submit

**Attachment**

Accident No.	MT/1072153	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2019 09:49

Path *		Category *		Confidenc
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
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 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2019 09:49	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>

Policy Query

Policy No.

Date of Accident

18/11/2019 18:21

Vehicle No.(For Motor)

SKH624C

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"/>	5095768910-02		NORAZREN B RAHMAD	S7108052H	GPC	drivo CLASSIC	SKH624C	SKH624C	10/11/2019	09/11/2020

Continue