

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MAIAU/154555

Date Ins: 22/4/2009 17:26	Job description	Date & Time Completed	Done by
Ref No: NIB/INC/9020738/4	SAS e-filing		
Veh No: PB 189/S	E-mail (E-join sheet, AIC sheet)		
DOA: 22/4/2009 0050	I-Motor Claim Form	22/4/2009 17:53	
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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: JPV 284	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 repolar.		
( ) Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )		
Continue to use the same car for the following:		
1) Apply for Transport Allowance (	/ Courtesy Car (	
2) QC Check / Post Repair Inspection	( )	
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )	

Injury:	
Date/Time	Assessment

Claims Particulars:		Invoice	
Driver/Owner:		1) AR: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:		3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$120
Auditors Comments:		5) FT: Follow-Through Survey (Resurvey)	\$30
Date:		For claiming against INC Only (ver 10 Jan 2005)	
		6) TR: Re-inspection	\$73
		7) NI: Idas DA + SMRT Survey	\$160
		8) NTUC Additional Services:	
		OD:	
		*N5: Courtesy Car / Tpt Allowance	\$3
		*N6: Repair Co-ordination	\$10
		*N7: Post Repair Inspection	\$23
		*N8: DV / Collect Excess Coordination	\$3
		TE (Nil) / TP (Non INC) against INC	\$20
		9) N12: Idas 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	22/11/2019 17:26
Date Of Accident	22/11/2019 00:50
Exact Location Of Accident	JOHOR CAUSEWAY POINT RD TOWARDS JOHOR CHECK POINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4891S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HARI KRISHNA S/O SOCKALINGAM
NRIC No	S9518083C
Email Address	HAZMAIL185@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88081359
Alternative Phone No	OTHERS-88081359

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO JOHOR BAHRU
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	5106000403
Cover Note Number	

### Driver

Name of Driver	HARI KRISHNA S/O SOCKALINGAM
NRIC No	S9518083C
Date Of Birth	18/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88081359
Fax Number	
Contact Number	OTHERS-88081359
Email Address	HAZMAIL185@GMAIL.COM

Address	BLK 36 TEBAN GARDENS ROAD #10-293
Postcode	600036
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	COLLIDED INTO PROPERTY
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	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20191122/705

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPV234
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD FATHI KAMIL BIN ABD SAMAD
NRIC/Passport Number	
Contact Number	88081359
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	HARI KRISHNA S/O SOCKALINGAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ4891S
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: 22/11/19

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

22/11/2019  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# SKETCH PLAN



DEHOR CONCRETEWAY POINT TO THE MOUNTAIN TOWARDS WHICH POINT?

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Report To Police Report  
1/20/9/22/7005

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time: 22/11/18

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

*[Signature]* 22/11/2018  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



L/20191122/7005

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20191122/7005

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-4660000

Date/Time Report Made 22/11/2019 02:27		Vide Report No.		Station Diary No.	
Name Of Informant HARI KRISHNA S/O SOCKALINGAM		Address 36 TEBAN GARDENS ROAD #10-293 SINGAPORE 600036			
ID Type / ID No. NRIC NO / S9518083C		Contact No. Home/Office:		Mobile: 88081359	
Nationality SINGAPORE CITIZEN		Email Address HAZMAIL185@GMAIL.COM			
Occupation		Sex Male	Age 24	Date of Birth 18/05/1995	Race Indian
Delivery					
Institution/School Name		Language English			
Date/Time Of Incident 22/11/2019 00:45 - 22/11/2019 00:53		Location Of Incident Oversea, Malaysia along Johor Causeway Point Road towards Johor Checkpoint Direction			

**Brief details.**

On 22/11/2019 at about 1245hrs, I was riding my motorbike (FBJ4891S) and riding along the Johor Causeway Point Road at Malaysia towards Johor Checkpoint direction. The road was a 1 lane road and designated for motorbike riders only. I was riding behind a few motorbike and approaching an uphill. Subsequently, a few motorbike was in front of me blocking my front view and there were several traffic cones placed in the middle of the road which was difficult for me to notice. Suddenly, the front motorbikes suddenly swerve to the left and right direction and a traffic cone suddenly appeared in-front of me. I am

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2019 02:27
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



L/20191122/7005

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. L/20191122/7005

unable to react on time and hit onto the traffic cone. I am unable to maintain my balance and fall to my right side and skidded for a short distance. I managed to get by myself and moved to the side of the road. While there were some passer-by stopped and assisted to move my motorbike to the side. The passer-by checked with me if I am in good condition. I inform the passer-by that I am alright and able to move off by myself. Subsequently, a construction site supervisor approached namely: Mohd Fathi Kamil Bin Abd Samad, HP: 0137705584 stating to contact him to compensate for the motorbike damages and the injury caused. There was no ambulance or Malaysia Police came down to scene. I am now lodging this police report for own record purpose and own follow-up. I wish to state that I am considering of lodging a Malaysia Traffic Accident report.

**Subjects Involved**

**Victim**

Person Name	HARI KRISHNA S/O SOCKALINGAM		
ID Type	NRIC NO	ID No	S9518083C
Gender	Male	Age	24
Race	Indian	Language	English
Occupation	Delivery	Address	36 TEBAN GARDENS ROAD #10-293 SINGAPORE 600036
Mobile No	88081359	Is Informant A Victim?	Yes

Person Name	HARI KRISHNA S/O SOCKALINGAM (Informant)
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Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

22/11/2019 02:27

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 22/11/19 ) (DD/MM/YYYY), TIME: ( 00:48 ) (HH:MM)

LOCATION: JOHOR CAUSEWAY POINT ROAD TOWARD JOHOR CHECKPOINT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ4891C  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
 e) MAKE & MODEL: YAMAHA FZ16  
 f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
 g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING JB  
 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: HARI KRISANA S/O COCKAUNGAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9518093C CONTACT: 88081359  
 c) ADDRESS: BLK 26 TEBAN GARDENS ROAD #10-293 C(600086)

\* 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: ( 18/05/1995 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) DATE OF DRIVING PASS: 02 OCT 14

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 / NOT)

7. a) REPORTED TO POLICE (YES / NOT)  
 IF YES, PLEASE STATE WHICH POLICE STATION: WOODLANDS DIVISION

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: THE JPV 234 MODEL: NIL  
 b) DRIVER'S NAME: MOHD FATHI KAMIL BIN ABD SAMAD  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 88081359

## 9. THIRD PARTY VEHICLE

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

No. of passenger  
 (including driver)  
 ( )

No. of passenger  
 (including driver)  
 ( )

No. of passenger  
 (including driver)  
 ( )

email = HARMAIL185@GMAIL.COM  
 VIDEO

## Claim Handling

Accident MT/1072604

Policy No.	5106000403	Vehicle No.	FBJ4891S	GST Registrati
Certificate No.				
Policyholder Name	HARI KRISHNA S/O SOCKALINGAM			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	88081359	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(%)	0	Private Hire

## Accident Details

Report Date	22/11/2019 17:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/11/2019	Time of Accident hh:mm	00:48	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JOHOR CAUSEWAY POINT RD TOWARDS JOHOR CHECK POINT			

## 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 36 #10-293	Address 2	TEBAN GARDENS ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-293	Related Policy Number	5106000403	

## OI Driver Info

Driver Name	HARI KRISHNA S/O SOCKALINGAM	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	59518083C	Driver DOB
Register Date of Driver License	01/01/2016	Driver Age	24	Driving Experi
Contact No.(Mobile)	88081359	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 36 #10-293	Address 2	TEBAN GARDENS ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-293			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBJ4891S	Driver Insurer

## Declaration

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

Claim 001

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX Insured Name MAI

88081359 Contact No. (Home)

Hazmail185@gmail.com OI Vehicle Number FB

FBJ4891S / JPV234 ON 22 Nov 2019

22/11/2019 17:51 Claim Close Date

ROS LI WAHAB

Save Submit

## Attachment



Accident No.	MT/1072604	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/11/2019 17:53
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Confider
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:53	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:52	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:52	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:52	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:52	Photos		Normal	Phc
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:52	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:52	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:52	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:51	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:51	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:51	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:51	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:51	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:51	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Nov 2019 17:51	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.	<input type="text"/>	Date of Accident	<input type="text" value="22/11/2019 15:34"/>
Vehicle No.(For Motor)	<input type="text" value="FBJ4891S"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106000403		HARI KRISHNA S/O SOCKALINGAM	S9518083C	GMC	Third Party	FBJ4891S	FBJ4891S	30/11/2018	13/02/2020