

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	31/01/2020 15:27
Date Of Accident	30/01/2020 15:05
Exact Location Of Accident	JUNCTION OF BT BATOK EAST AVE 3/BT BATOK ST 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9655B
Insured/Policyholder	
Name Of Registered Owner	LIM FATT
NRIC No	SXXXX050G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96368282
Alternative Phone No	OTHERS-96368282

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.8 (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	THIRD PARTY
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	5104052865-01
Cover Note Number	

Driver

Name of Driver	LIM FATT
NRIC No	SXXXX050G
Date Of Birth	29/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1974
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96368282
Fax Number	
Contact Number	OTHERS-96368282
Email Address	NOEMAIL

Address	BLK 943 JURONG WEST STREET 91 #10-521
Postcode	640943
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?	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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200130/2152 AND T/20200131/2057

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	GBF6113M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM FATT
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SMD9655B
Were seat belts worn?	YES
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.
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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: 3/1/20
11:20 AM

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A hand-drawn sketch map on grid paper showing the intersection of Bukit Batok East Ave 3 and Bukit Batok St 23. A car is depicted at the intersection, with an arrow pointing towards the top-left. Another arrow points towards the bottom-right. Labels include 'GBF 6113 M' pointing to a vehicle on the left, 'SMD 9655 B' pointing to a vehicle on the right, and 'Bukit Batok East Ave 3' and 'Bukit Batok St 23' identifying the roads.

REFER TO POLICE REPORT. T/20200130/2152
T/20200130/2152

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

Date & Time: 3/1/20
11:20 AM

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

Name: _____
NRIC/FIN No.: _____

ACCIDENT STATEMENT

ACCIDENT DATE: 30/01/2020 (DD/MM/YYYY), TIME: 15:05 (HH:MM)
LOCATION: ALONG ROAD 1 BUKIT BATOK EAST AVE 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 9655 B
b) INSURANCE COMPANY: NTUS
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA / ALTIS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: SELF DRIVE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LIM FATT (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S02280500 CONTACT: 96368282
C) ADDRESS: BLK 943 JUEHNG WEST ST. 9
#10-521 (640943)

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBF 6113M MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

WITNESSES MR CTUS 22289615

email: _____
VIDEO



SINGAPORE POLICE FORCE



T/20200130/2152

1 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20200130/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 19:15		Vide Report No.: J/20200130/0086		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: LIM FATT			Address: APT BLK 943 JURONG WEST STREET 91 #10-521 SINGAPORE 640943		
ID Type / ID No.: NRIC NO / S0228050G			Contact No.: Home/Office: Mobile: 96368282		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 29/09/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2020 15:05	Type of Location: X-Junction
Location: Along Road 1 BUKIT BATOK EAST AVENUE 3				
Cross junction of Bukit Batok East Ave 3 and Bukit Batok Street 23				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6113M	Van					0
SMD9655B	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200130/2152

2 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No: T/20200130/2152

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD9655B	NTUC Income Insurance Co-Operative Limited	5104052865-01	18/11/2019	17/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM FATT	ID No.	S0228050G
Related Vehicle	NIL	Contact No.	96368282
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/01/2020 at about 1505hrs, I was driving along Bukit Batok East Ave 3 towards Bukit Batok Central. When I was approaching to the cross junction of Bukit Batok Ave 3 and Bukit Batok Street 23, the traffic light was still green. I was moving at constant speed and a van (GBF6113M) which was from opposite road suddenly make a right turn into Bukit Batok Street 23. I have jam brake but was not able to stop in time and collided onto the left middle of the van. My vehicle was seriously damaged. I felt pain on my chest area after the accident. I have not seek medical treatment. The traffic police came and given me a case number J/20200130/0086. I was advise to make a police report. There is a witness namely (Mr Chua, Hp:82289615) who have saw the whole accident. The van driver was conveyed to hospital by ambulance.



**SINGAPORE
POLICE FORCE**



T/20200130/2152

3 of 3

Report No. T/20200130/2152


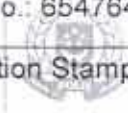
Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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: A / Sgt 3 PHANG JUN LONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2020 19:15
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:
Authentication Stamp NP168  Signature Singapore Police Force	



SINGAPORE POLICE FORCE



T/20200131/2057

1 of 3

Report No. T/20200131/2057

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2020 13:53	Vide Report No.: T/20200130/2152	Station Diary No.: 93
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Informant's Particulars

Name of Informant: LIM FATT			Address: APT BLK 943 JURONG WEST STREET 91 #10-521 SINGAPORE 640943	
ID Type / ID No.: NRIC NO / S0228050G			Contact No.: Home/Office:	Mobile: 96368282
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 65	Date of Birth: 29/09/1954	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2020 15:05	Type of Location: X-Junction
Location: Along Road 1 BUKIT BATOK EAST AVENUE 3				
Cross junction of Bukit Batok East Ave 3 and Bukit Batok Street 23				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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: Yes

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200131/2057

2 of 3

Report No. T/20200131/2057

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Driver Name	LIM FATT	ID No.	S0228050G
Related Vehicle	NIL	Contact No.	96368282
Hospital/Clinic	WEST COAST CLINIC & SURGERY (WEST COAST)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	31/01/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

Reference to report no: T/20200130/2152.

I would like to add on to the report as I have seen a doctor at West Coast Clinic & Surgery (WC).

I have sustained injuries on the left side of the neck region and after I was examined for the injuries. I am given 4 days of MC reference to Medical Certificate: 0000158816. Certified by Dr. Yeo Kwan Ching.



SINGAPORE
POLICE FORCE



T/20200131/2057

3 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No: T/20200131/2057

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:

D /

Sgt 1 WONG JUN LI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437

Signature Of Informant:

Date/Time:

31/01/2020 13:53

Classification Of Case:

SN 37

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Claim Handling

Accident MT/1082405

Policy No.	5104052865-01	Vehicle No.	SMD9655B	GST Registration No.
Certificate No.				
Policyholder Name	LIM FATT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96368282	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
Accident Details				
Report Date	31/01/2020 15:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/01/2020	Time of Accident hh:mm	15:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF BT BATAK EAST AVE 3/BT BATAK ST 23			
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 Covered?
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	BLK 943 #10-521	Address 2	JURONG WEST STREET 91	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104052865-01	
OT Driver Info				
Driver Name	LIM FATT	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	50228050G	Driver DOB
Register Date of Driver License	01/01/1978	Driver Age	65	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 943 #10-521	Address 2	JURONG WEST STREET 91	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.	SMD9655B	Driver Insurer Company
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	LIM FATT
Contact No.(Mobile)	96368282	Contact No. (Home)	67926579
Email Address		OT Vehicle Number	SMD9655B
Claim Description	SMD9655B / GRF5113M ON 30 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No.		Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered			31/01/2020 16:13
Report Taken By			ROSLI WAHAB
<input type="checkbox"/> Print AK letter			
<div>Save</div> <div>Submit</div>			

Attachment

Accident No.	MT/1082405	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2020 16:18
Path *		Category *	Confidential
		Urgency *	

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	Please Select	▼	NO	▼	Normal
Clear	Please Select	▼	NO	▼	Normal
Clear	Please Select	▼	NO	▼	Normal
Clear	Please Select	▼	NO	▼	Normal
Clear	Please Select	▼	NO	▼	Normal
Clear	Please Select	▼	NO	▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:16	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:16	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:16	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:16	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:15	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:15	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:15	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:15	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:15	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:15	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:13	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:13	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:13	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:13	Photos	Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:13	SAS	Normal	SAS 2020-1-31

Video List

Uploaded By/Date	Folder Date	File Name	Source
		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

30/01/2020 11:09

Vehicle No.(For Motor)

SMD9655B

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"/>	5104052865-01		LIM FATT	S0228050G	GPC	drive CLASSIC	SMD9655B	SMD9655B	18/11/2019	17/11/2020

Continue