





## 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	10/02/2020 19:59
Date Of Accident	05/02/2020 17:10
Exact Location Of Accident	OCEAN DRIVE IN FRONT OF 48 OCEAN DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5278Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRIARONE FEDERICO
NRIC No	GXXXX960L
Email Address	FEDEPRIA1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91702945
Alternative Phone No	OTHERS-91702945

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA LX 150-151CC CVT
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096453418-02
Cover Note Number	

### Driver

Name of Driver	PRIARONE FEDERICO
NRIC No	GXXXX960L
Date Of Birth	26/12/1975
Occupation	INDOOR
Date Of Driving Pass	07/08/2008
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91702945
Fax Number	
Contact Number	OTHERS-91702945
Email Address	FEDEPRIA1@GMAIL.COM

Address	226 OCEAN DRIVE #04-31 THE BERTH BY THE COVE
Postcode	098617
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 - CHANGE/CROSS LANE
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	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/20200206/2060

#### 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	SHA518Z
Vehicle Make/Model/Colour	HYUNDAI IONIQ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN YUH MIN JOSEPH
NRIC/Passport Number	
Contact Number	90298191
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name PRIARONE FEDERICO

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBG5278Y

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.

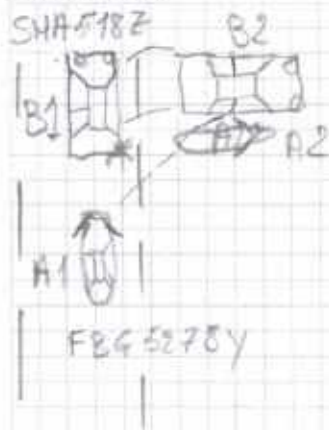
  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

OCEAN DRIVE IN FRONT OF 48 OCEAN DRIVE



A) 48G 5278Y  
B) SHA 518Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT, 7/20200206/2060

## 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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 5.12.2020 (DD/MM/YYYY), TIME: 17:10 (HH:MM)

LOCATION: \_\_\_\_\_

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 5278 Y  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VESPA LX 150  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: FEDERICO PRIARONE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G6001960L CONTACT: 91702745  
 c) ADDRESS: 226 Ocean Drive #04-31  
098617 Singapore

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

## DRIVER

- a) NAME: Fe AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 26/12/1975 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 01/08/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED YES / NO

7. a) REPORTED TO POLICE YES / NO

IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT TINAH NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 5182 MODEL: HYUNDAI IONIQ  
 b) DRIVER'S NAME: CHAN YU MIN JOSEPH  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90298191

## 9. THIRD PARTY VEHICLE

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

No of passengers  
 (including driver)  
 ( )

No of passengers  
 (including driver)  
 ( )

No of passengers  
 (including driver)  
 ( )

email: fedepria1@gmail.com  
 VIDEO





**SINGAPORE  
POLICE FORCE**



T/20200206/2060

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

1 of 4

Report No: T/20200206/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 06/02/2020 13:41		Vide Report No.:		Station Diary No.: 36	
<b>Informant's Particulars</b>					
Name of Informant: PRIARONE FEDERICO			Address: 226 OCEAN DRIVE #04-31 THE BERTH BY THE COVE SINGAPORE 098617		
ID Type / ID No.: FIN NO / G6001960L			Contact No.: Home/Office: Mobile: 91702945		
Nationality: ITALIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 26/12/1975	Type of Informant: Rider		
Race: Caucasian			Language:		Institution / School Name:
Occupation: Ship broker			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2020 17:10	Type of Location:
Location: Along Road 1 OCEAN DRIVE  In front of 48 Ocean Drive				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5278Y	Motorcycle	PIAGGIO	VESPA LX150 CVT	Black	Slightly Damaged	0
SHA518Z	Car				Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG5278Y	NTUC Income Insurance Co-Operative Limited	5096453418-02	17/08/2019	18/08/2020





**SINGAPORE  
POLICE FORCE**



T/20200206/2060

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

2 of 4

Report No. T/20200206/2060

**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	PRIARONE FEDERICO	ID No.	G6001960L
Related Vehicle	FBG5278Y (Motorcycle)	Contact No.	91702945
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/02/2020	Date Discharge	05/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Chan Yuh Min Joseph	ID No.	NIL
Related Vehicle	SHA518Z (Car)	Contact No.	90298191
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 5/2/2019 @ about 1710, I was travelling along Ocean Drive proceeding back home. While I was riding my motorcycle along Ocean Drive, I spotted one taxi driving in front of me. The taxi slowed down in front of me. Thinking that the taxi is going to come to a complete stop, I attempted to overtake him on the right.

While proceeding to overtake, I saw the taxi signal right and turn right into 48 Ocean Drive immediately. I tried to avoid the collision by breaking, however to no avail. I collided into the vehicle rear right passenger door. My body had hit onto the taxi and subsequently I felt onto the road.

The taxi then parked at 48 Ocean Drive and alighted from the vehicle. At the point of time, I know that my left shoulder was dislocated. I managed to put it back in place, however I still felt pain on the shoulder and knee. Soon after, we exchange particulars and I boarded another taxi and proceed to Gleneagles hospital.

I went to Gleneagles Hospital and was given 3 days MC from 06/02/2020 to 08/02/2020. I wish to state that there is no government property damaged and no police or ambulance came to scene. At the point of time, the taxi driver was not injured. I wish to state that I am not wearing any camera.



**SINGAPORE  
POLICE FORCE**



T/20200206/2060

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

3 of 4

Report No. T/20200206/2060

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20200206/2060

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

4 of 4

Report No, T/20200206/2060

**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 / Staff Sgt ONG CHUN KAI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2020 13:41
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SN 177

## Claim Handling

Accident MT/1083778

Policy No.	5096453418-02	Vehicle No.	FBG5278Y	GST Registration No.
Certificate No.				
Policyholder Name	PRIARONE FEDERICO			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No. (Mobile)	91702945	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	No	NCD Entitlement(%)	10	Private Hire

Report Date		10/02/2020 20:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident		05/02/2020	Time of Accident (hh:mm)	17:10	Country of Accident
Reporting Centre			Orange Force		ICM No.
Accident Location		OCEAN DRIVE IN FRONT OF 48 OCEAN DRIVE			

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
Additional Excess			Driver is Covered?
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

Benefits	
GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	
GST Registration Date	
GST Status Verified	Yes

Policyholder Mailing Address	
Address 1	226 OCEAN DRIVE
Address 2	#04-31 THE BERTH BY THE COV
Address 3	
Address 4	
Unit No.	#04-31
Address Type	Singapore address
Related Policy Number	5096453418-02
Post Code	

OI Driver Info	
Driver Name	PRIARONE FEDERICO
Unnamed driver Name	
Register Date of Driver License	07/06/2008
Contact No. (Mobile)	91702945
Contact No. (Office)	
Address 1	226 OCEAN DRIVE
Address 2	#04-31 THE BERTH BY THE COV
Address 3	
Address 4	
Unit No.	#04-31
Address Type	Singapore address
Post Code	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No
Driver Vehicle No.	FBG5278Y
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	PRIARONE FEDERICO
Contact No. (Mobile)	91702945	Contact No. (Home)	NIL
Email Address		Vehicle Number	FBG5278Y
Claim Description	FBG5278Y / SHAS18Z ON 5 Feb 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/02/2020 20:26	Claim Close Date	
Report Taken By	ROSLI WAHAB		
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1083778	Claim No.	001
Last Doc. Received	<input type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2020 20:27

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 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:27	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:26	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:26	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:26	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-2-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 20:26	SAS	Normal	SAS 2020-2-10

## 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.	<input type="text"/>	Date of Accident	<input type="text" value="05/02/2020 15:07"/>
Vehicle No. (For Motor)	<input type="text" value="FBG5278Y"/>	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 checked="" type="radio"/>	S096453418-02		PRIARONE FEDERICO	G6001960L	GMC	Third Party, Fire & Theft	FBG5278Y	FBG5278Y	17/08/2019	16/08/2020