





## 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	17/02/2020 16:34
Date Of Accident	17/02/2020 07:40
Exact Location Of Accident	ALONG BUKIT BATOK RD TOWARDS JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1961M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KESAVAN S/O APPANA
NRIC No	SXXXX956F
Email Address	KESAVANYNAES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86133772
Alternative Phone No	OTHERS-86133772

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	Z800 ABS-806CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109071922
Cover Note Number	

### Driver

Name of Driver	KESAVAN S/O APPANA
NRIC No	SXXXX956F
Date Of Birth	05/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86133772
Fax Number	
Contact Number	OTHERS-86133772
Email Address	KESAVANYNAES@GMAIL.COM

Address	BLK 489A CHOA CHU KANG AVENUE 5 #05-193
Postcode	681489
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200217/2080

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL7068C
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HUA MENG LOUIS
NRIC/Passport Number	SXXXX360C
Contact Number	97662730
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name KESAVAN S/O APPANA

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBK1961M

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.
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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: 17/02/2020  
1540hrs

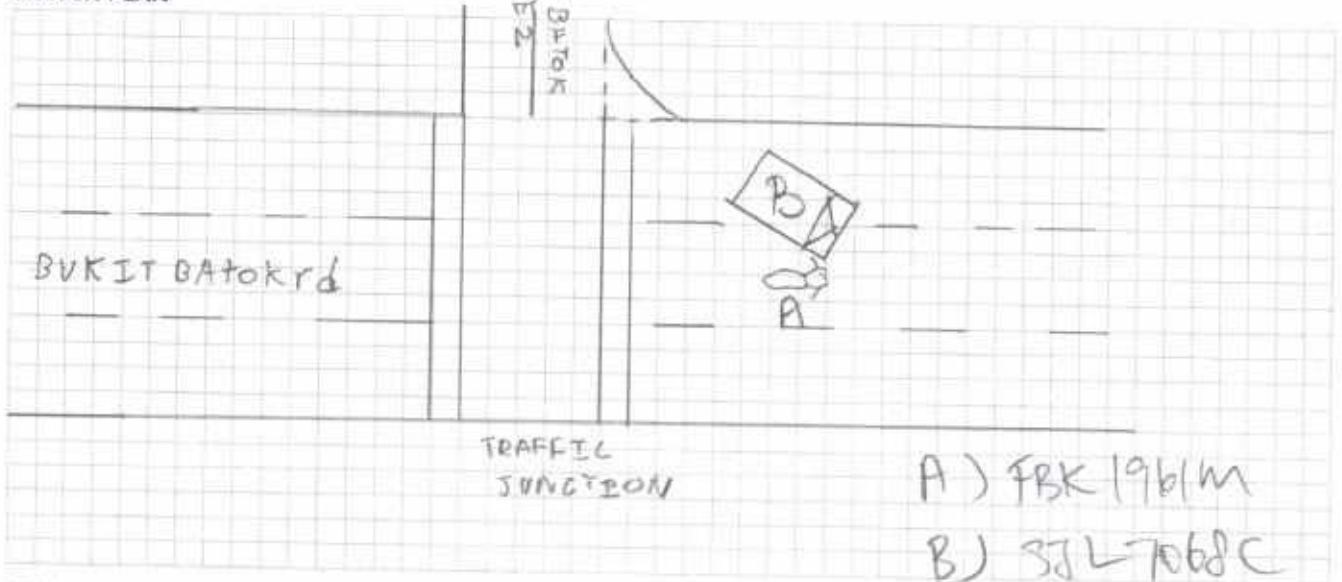
Driver's Signature

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

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200217/2080

## DECLARATION

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

Policyholder's Signature  
 Date & Time: 17/02/2020  
 1540hrs

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

Reporting Centre Personnel's Signature  
 Name: 17/02/2020  
 NRIC/FIN No.: [Signature]



# ACCIDENT STATEMENT

ACCIDENT DATE: 17/02/2020 (DD/MM/YYYY), TIME: (07:40) (HH:MM)

LOCATION: Along Bukit BATOK Road Towards Jurong Townhall

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 1961M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5109071922  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: KAWASAKI / Z800  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: going to work  
 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: KESAVAN S/O APPANA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8726956F CONTACT: 86133772  
 c) ADDRESS: BK 489 A CHOA CHU KANG AVE S #05-193  
SC681489

\* 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: (05/09/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11/03/2015

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: QUEENSTOWN NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJL 7068C MODEL: TOYOTA VIOS  
 b) DRIVER'S NAME: LIM HUA MENG LOUIS  
 c) NRIC/FIN/PASSPORT: S7205360C CONTACT: 97662730

## 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 = KESAVAN YNAES@gmail.com  
 VIDEO = YES



# SINGAPORE POLICE FORCE



T/20200217/2080

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 4

Report No. T/20200217/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/02/2020 15:06		Vide Report No.:		Station Diary No.: 81	
<b>Informant's Particulars</b>					
Name of Informant: KESAVAN S/O APPANA			Address: APT BLK 489A CHOA CHU KANG AVENUE 5 #05-193 SINGAPORE 681489		
ID Type / ID No.: NRIC NO / S8726956F			Contact No.: Home/Office: Mobile: 86133772		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 05/09/1987	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONTAINER HANDLING SPECIALIST			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: 17/02/2020 07:40	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 BUKIT BATOK ROAD JURONG TOWN HALL ROAD Along Bukit Batok Road towards Jurong Town Hall Road, after the junction of Bukit Batok Road and Bukit Batok West Avenue 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
FBK1961M	Motorcycle	KAWASAKI	Z800 ABS M	Black	Slightly Damaged	0
SJL7068C	Car	TOYOTA	VIOS	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK1961M	NTUC Income Insurance Co-Operative Limited	5109071922	27/04/2019	26/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KESAVAN S/O APPANA		ID No.	S8726956F
Related Vehicle	FBK1961M (Motorcycle)		Contact No.	86133772
Hospital/Clinic	BUKIT BATOK POLYCLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	17/02/2020		Date Discharge	17/02/2020
No. of Days granted Medical Leave		04	Degree of Injury	Slight
Driver				
Name	LIM HUA MENG LOUIS		ID No.	S7705360C
Related Vehicle	SJL7068C (Car)		Contact No.	97662730
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 17/02/2020 at about 0740hrs, I was riding my motorcycle FBK1961M, travelling along Bukit Batok Road towards Jurong Town Hall Road. I was on the second lane of the three lanes. Traffic was slightly congested however was still moving smoothly.

As I passed the junction of Bukit Batok Road and Bukit Batok West Avenue 2, suddenly one motorcar SJL7068C, which was on the third lane, filtered to the right abruptly. I was already travelling on the second lane and slightly ahead of the said motorcar.

The right side and front of the car collided onto the left side of my motorcycle. Due to the collision, I swerved to the left and almost lose balance however managed to control my motorcycle. I stopped at the side of the road and the motorcar remained at where he was at.

The damages to my motorcycle are scratches and dents on my left side mirror, engine case and also the left side of my cover set. The damages to the motorcar are the front bumper dropped off and also scratches on the front right of the motorcar and right mirror.



**SINGAPORE  
POLICE FORCE**



T/20200217/2080

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 4

Report No. T/20200217/2080

**CONTINUATION OF REPORT**

Due to the collision, I suffered a cut on my left wrist and was bleeding. We exchanged particulars and subsequently I left the scene and proceeded to Bukit Batok Polyclinic for medical attention. I was then given 4 days of MC due to the swelling on my left wrist. The driver of the motorcar was still at scene as his motorcar could not move as the bumper had dropped. I observed no visible injuries on the driver.

I do have a video footage of the incident which another motorist provided to me. No government property damaged. Traffic Police and Ambulance was not at scene.





**SINGAPORE  
POLICE FORCE**



T/20200217/2080

4 of 4

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No: T/20200217/2080

**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 2 HIDAYAT BIN SELAMAT

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No : 65476219

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
17/02/2020 15:06

Classification Of Case:

## Claim Handling

Accident MT/1084689

Policy No.	5109071922	Vehicle No.	FBK1961M	GST Registration No.
Certificate No.				
Policyholder Name	KESAVAN S/O APPANA	Cover Type	Third Party, Fire & Theft	Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading
Contact No.(Mobile)	86133772	Special Remark		Contact No.(Home)
Email Address		TCA	- No Yes	eCode
KFR	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason
NCD Protection	No			Private Hire
<b>Accident Details</b>				
Report Date	17/02/2020 16:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/02/2020	Time of Accident hh:mm	07:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BUKIT BATOK RD TOWARDS JURONG TOWN HALL RD			
<b>Total Excess Applicable</b>				
Excess Type	Per Accident	Windscreen Excess		
QD Standard Excess	0.00	TP Standard Excess	0.00	
YIED QD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total QD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	BLK 489A #05-193	Address 2	CHOA CHU KANG AVENUE 5	Address 3
Address 4	SINGAPORE 681489	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109071922	
<b>OT Driver Info</b>				
Driver Name	KESAVAN S/O APPANA	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	58726956P	Driver DOB
Register Date of Driver License	01/07/2010	Driver Age	32	Driving Experience
Contact No.(Mobile)	86133772	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 489A #05-193	Address 2	CHOA CHU KANG AVENUE 5	Address 3
Address 4	SINGAPORE 681489	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBK1961M	Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	Other	Any injury?	Yes - No	
Modification History				

Claim 001

New

Claim Type *	OD-MX	Insured Name	KESAVAN S/O APPANA
Contact No.(Mobile)	86133772	Contact No. (Home)	66514094
Email Address	KESAVANYNAFES@GMAIL.COM	OT Vehicle Number	FBK1961M
Claim Description	FBK1961M / SIL7068C ON 17 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Date Registered	17/02/2020 16:56	GIA report	Received
Report Taken By	ROSLI WAHAB	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter			
<input type="button" value="Save"/> <input type="button" value="Submit"/>			

Attachment

Accident No.	MT/1084689	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/02/2020 16:57
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

Clear

Please Select

NO

Normal

Clear

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NO

Normal

Clear

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NO

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NO

Normal

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:57	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:57	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:57	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:57	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:57	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:57	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:56	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:56	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:56	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:56	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:56	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-2-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 16:56	SAS	Normal	SAS 2020-2-17

## 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="17/02/2020 15:46"/>
Vehicle No. (For Motor)	<input type="text" value="FBK1961M"/>	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"/>	5109071922		KESAVAN S/O APPANA	S8726956F	GMC	Third Party, Fire & Theft	FBK1961M	FBK1961M	27/04/2019	25/04/2020