

NATIONAL Assessment Centre Services. [ver 1 Jan'00]

19 MAY 2002 23324

Date In: 21/01/2002 15:17	Job description	Date & Time Completed	Done by
Ref No: N/A File 2000 3002/Y	SAS e-filing		
Veh No: FSN 3138	E-mail (Wjula 2hrs, AIC 2hrs)		
D.O.A: 13/01/2000 09:30	I-Motor Claim Form	19/01/2002 15:48	21/01/2002 15:48
<input checked="" type="radio"/> 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 Wkep / INC Assign Wkep / QW: (AA MODR PIA 110 Tel: 62731588 Fax:)

TP Particulars: Veh No: () / 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 ()

() 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: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date	Time	Accident

NA2001604

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA1 Damage Assessment (\$100) INC (\$10)	\$40/\$10
Damaged Portion:	3) TP Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PF Follow-Through Survey	\$30
	5) PF Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idau DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD*	\$5
	*NS: Courtesy Car / Tpl Allowance	\$10
	*NS: Repair Coordination	\$25
	*NS: Post Repair Inspection	\$5
	*NS: DV / Collet Excess Coordination	\$25
	TE (NI) / TP (NS) INC against LRG	\$0
	2) NI: Idau Mobile	
	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	21/02/2020 15:17
Date Of Accident	13/02/2020 09:30
Exact Location Of Accident	ALONG KARNCHANAWANIT ROAD
Country/State of Loss	THAILAND

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN313A
Insured/Policyholder	
Name Of Registered Owner	HARRY HO KOK BENG
NRIC No	SXXXX765D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91840076
Alternative Phone No	OTHERS-91840076
Vehicle Particulars	
Manufacturer	HONDA
Model	GL1800-1.8 (M)
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101458972-01
Cover Note Number	
Driver	
Name of Driver	M ROHAIZAH BIN MOHAMED ISHAK
NRIC No	SXXXX470I
Date Of Birth	11/09/1968
Occupation	INDOOR
Date Of Driving Pass	01/03/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91840076
Fax Number	
Contact Number	OTHERS-91840076
E-Mail Address	NOEMAIL

Address	BLK 618 WOODLANDS AVENUE 4 #03-537
Postcode	730618
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	RAINING
Road Surface	OILY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 [OTHER]	ROYAL THAI POLICE HEADQUARTERS
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO PHOTOS AND THAILAND POLICE REPORT (050)

Attachment(s)

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


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:

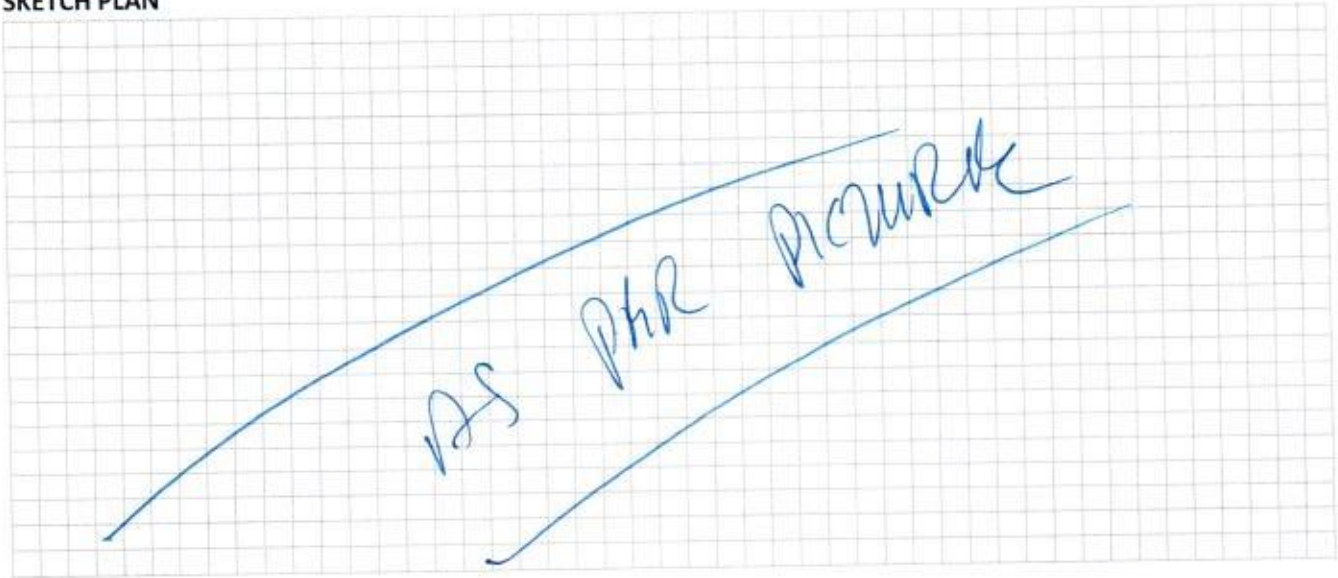
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 21/07/2020

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


Reporting Centre Personnel's Signature
Name: Kesh
NRIC/FIN No.: UAH03

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Insurance Police Report 050

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 21/2/2020

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 13/02/2020 (DD/MM/YYYY), TIME: 09:30 (HH:MM)

LOCATION: ALONG KARUCHANAWANIT ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 313A
- b) INSURANCE COMPANY: NTC
- c) POLICY NUMBER: 510/45912-01
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL:
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME:
- 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: Harry Ho Kok BANG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CONTACT:
- c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE) 91840076
- 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) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
- b) ROAD SURFACE: (DRY / WET / OTHERS) apply
- 6. WAS ANYBODY INJURED (YES / NO)
- 7. a) REPORTED TO POLICE (YES / NO) If YES, PLEASE STATE WHICH POLICE STATION: Itanond

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 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 passenger (including driver) (1)

No of passenger (including driver) ()

No of passenger (including driver) ()

email = VIDEO

Royal Thai Police Headquarters

Daily Report Notified As Evidence

050

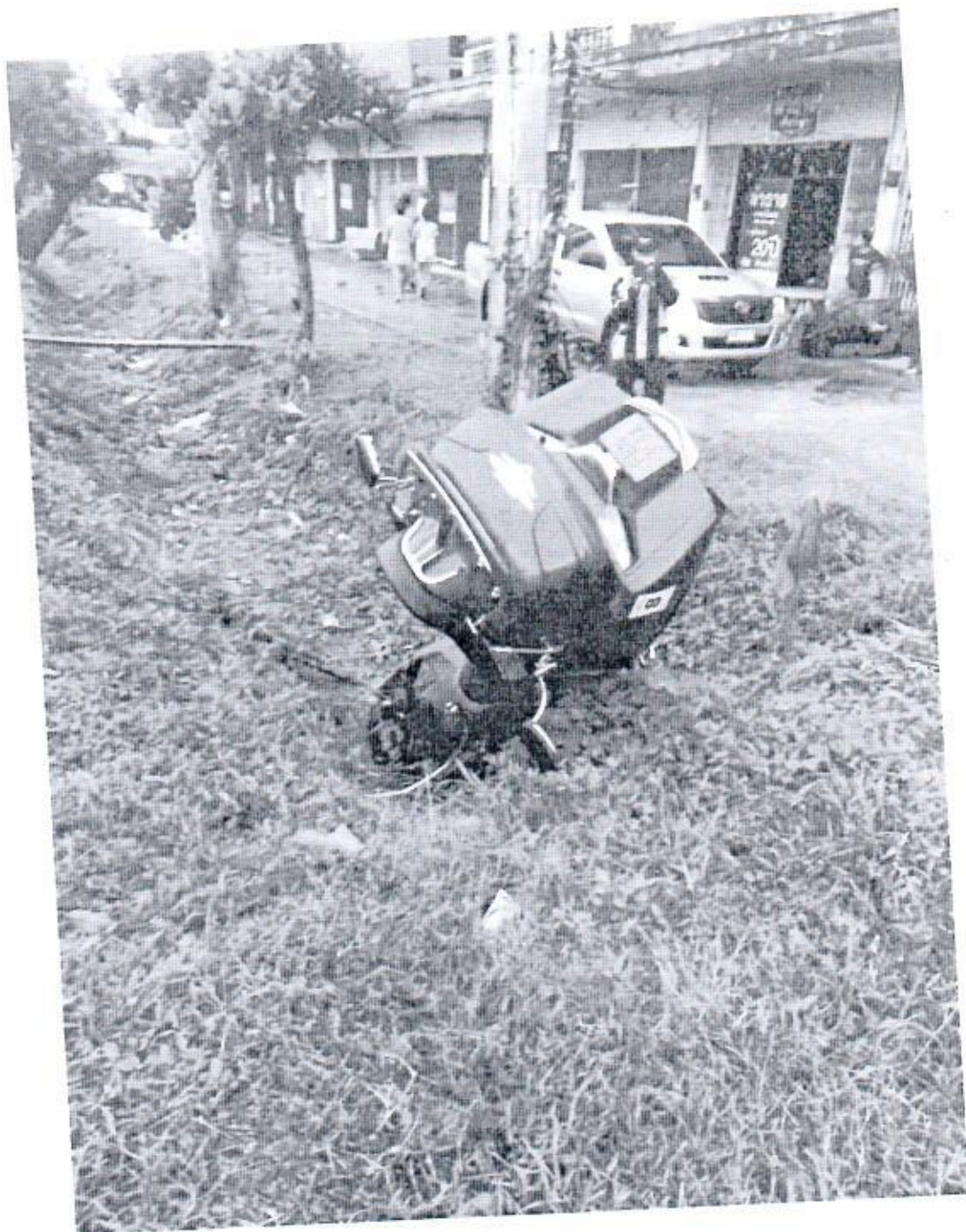
Police Station..Sadao District..Provincial Police Division..Songkhla Province..Headquarters/Division..9..

Sequence	Date/Month/Year Time	Record
5	17 February 2020 At 6.00 P.M.	<p>Mr. Rohaizad Bin Mohamed Ishak, aged 52 years old, Singapore citizen, residing at BLK 618 Woodlands Avenue 4#03-537 SINGAPORE 730618 came to Sadao District Police Station and made a report on 13 February 2020 at 9.30 A.M. A claimant told that he was riding a motorcycle make: Honda, model: GL1800A, colour: Red, Vehicle No.: FBN313A along Karnchanawanit Road from Sadao Customs House to Hat Yai District. When he arrived to Prik Sub-district, Sadao District, Songkhla Province, it was raining. The slippery road surface caused the motorcycle to slide out of a side road. Therefore, the vehicle was damaged in this accident.</p> <p>He made the report as an evidence of making a claim with his insurer. There was no any damage to government property. There was no any party involved.</p> <p>The incident happened at Village No. 1, Karnchanawanit Road, Prik Sub-district, Sadao District, Songkhla Province, Thailand on 13 February 2020 around 9.30 A.M.</p> <p>Police Captain Pavit Ritthammanart, Deputy Inspector (Inquiry), has recorded the incident report.</p> <p>(Signed) -signature- Claimant (Mr. Rohaizad Bin Mohamed Ishak)</p> <p>(Signed) -signature- Inquirer/Recorder (Police Captain Pavit Ritthammanart, Deputy Inspector (Inquiry))</p>

Certified True Copy

- signature -

(Police Captain Pavit Ritthammanart, Deputy Inspector (Inquiry))



W. K. K. K.

2008



gas cylinder

1941



2/01/2020

5051



aw 21/07/2020

200 251



✓ 2/10/2020 10:51

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: S1676765D
 Owner ID Type: Singapore NRIC
 Owner Name: HARRY HO KOK BENG
 Registered Address: 33 MILTONIA CLOSE #12-28 SINGAPORE 768064
 Mailing Address: -
 Birth Date: 13 Feb 1964

Vehicle Particulars

Vehicle No.: FBN313A
 Previous Vehicle No.: FH1J
 Effective Date of Ownership: 23 Jun 2014
 Original Regn Date: 23 Jun 2014
 Registration Date: 23 Jun 2014
 Year of Manufacture: 2014
 Vehicle Type: Passenger Motorcycle/Autocycle/Moped
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: HONDA
 Vehicle Model: GL1800A
 Primary Colour: Red
 Secondary Colour: -
 Passenger Capacity: 1
 Chassis No.: JH2SC6898EK000014
 Engine No.: SC47E5203613
 Engine Capacity /Power Rating: 1832 cc / -
 Maximum Power Output: -
 Propellant: Petrol

Max Unladen Weight:	380 kg
Maximum Laden Weight:	611 kg
Open Market Value:	\$22,016.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	713821222
COE No.:	2014070106000001E
COE Expiry Date:	22 Jun 2024
COE Category:	D - Motorcycle
COE Registration Category:	D - Motorcycle
Quota Premium (QP) / Prevailing Quota Premium:	\$4,089.00 / -
Actual QP Paid:	\$4,089.00
QP (Regn Cat):	\$4,089.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$4,089.00
Additional Registration Fee Rate:	15.00 %
Actual ARF Paid:	\$3,303.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1085280

Policy No.	5101458972-01	Vehicle No.	FBN313A	GST Registration No.
Certificate No.				
Policyholder Name	HARRY HO KOK BENG			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	91840076	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	21/02/2020 15:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/02/2020	Time of Accident hh:mm	09:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG KARNCHANAWANIT ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	1,000.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	1000.00	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	33 MILTONIA CLOSE	Address 2	#12-28 SKIES MILTONIA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-28	Related Policy Number	5101619653-01	

▼ OI Driver Info

Driver Name	M ROHAIZAD BIN MOHAMED ISHAK	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S68304701	Driver DOB
Register Date of Driver License	01/01/2016	Driver Age	51	Driving Experience
Contact No.(Mobile)	91840076	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBN313A	Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001

New

Claim Type *	OD-MD	Insured Name	HARRY HO KOK BENG
Contact No.(Mobile)	96975678	Contact No.(Home)	
Email Address	PROF.ZHUGELIANG@GMAIL.COM	OI Vehicle Number	FBN313A
Claim Description	FBN313A / - ON 13 Feb 2020		
Preferred Workshop	B3059478/62731588	Insured Liability	Fully at Fault
Preferred Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	21/02/2020 15:45
			ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.	MT/1085280	Claim No.	001
Last Doc. Received	* Yes - No	Upload Date	21/02/2020 15:48
Path *		Category *	Confidential
			Urgency *



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2020 15:45

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-2-2

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2020 15:45

SAS

Normal

SAS 2020-2-21

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading

Claim Handling

[Exit](#)

Accident MT/1085280

Policy No.	S191458972-01	Vehicle No.	FBN313A	GST Registration No.	
Certificate No.					
Policyholder Name	HARRY HO KOK BENG			Policyholder NRIC	S1676765D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	91840076	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KFX	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	21/02/2020 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	13/02/2020	Time of Accident (hh:mm)	09:00	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KARNCHANAWANJ ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	1,000.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	1000.00	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	33 MILTONIA CLOSE	Address 2	#12-28 SKUDS MILTONIA	Address 3	SINGAPORE 768064
Address 4		Address Type	Singapore address	Post Code	768064
Unit No.	12-28	Related Policy Number	S101619053-01		

Q1 Driver Info

Driver Name	M MOHAZAD BIN MOHAMED SHAH	Driver Type	Named Driver	Driver DOB	11/09/1968
Unlisted Driver Name		Driver NRIC	S68304701	Driving Experience	4
Register Date of Driver License	01/01/2016	Driver Age	51	Contact No. (Home)	
Contact No. (Mobile)	91840076	Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBN313A	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
-------------------------------------	------	-------------	----------

Modification History

Claim 001 [New](#)

Claim Type *	OD-MD	Insured Name	HARRY HO KOK BENG	Insured NRIC	S1676765D
Contact No. (Mobile)	96975678	Contact No. (Home)		Contact No. (Office)	
Email Address	PROF.ZHUGELIANG@GMAIL.COM	Vehicle Number	FBN313A	TP	
Claim Description	FBN313A / - ON 13 Feb 2020		Vehicle Number		Name of Preferred Workshop
Preferred Workshop	83059478/62731388	Insured Liability	Party at Fault		AA MOTOR PTE LTD
Repair Option	Yes	Preferred Workshop (refer below)	GIA report	Received	
Date Registered			Claim Close Date	21/02/2020 15:45	Date Received
Report Taken By				RUSLI WAHAB	
Print AX letter					OD Excess Collected by Workshop

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1085280	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	21/02/2020 15:48

Path *

Choose File	Category *	Confidential	Urgency *	Description *
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	

[Message Read](#) [Send Message](#) [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2020 15:48	Photos	Normal	Photos 2020-2-21		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2020 15:48	Photos	Normal	Photos 2020-2-21		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2020 15:48	Photos	Normal	Photos 2020-2-21		Edit

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) 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"/>	5101458972-01		HARRY HO KOK BENG	S1676765D	GMC	Comprehensive	FBN313A	FBN313A	23/06/2019	22/06/2020

Continue