NATIONAL Assessment Centre Services (ref : ...) MNB4200036130

Date In: 24/03/2020 14:49	Job description	Date & Time Completed	Done by
Ref No: NB9/INC20004441/4	SAS e-filling		
Veh No: SMP 4088X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/08/2020 23:00	i-Motor Claim Form	M1/10864744002	24/03/2020 15:37
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: JHH 4990 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%; F: 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions

NA2002293

Claimant's Particulars :-	Invoice Preparation Checklist	Amt ($) In Bill	Amt ($) Add Bill
Driver/Owner:	1) AR : Accident Reporting ($30)		
	2) DA : Damage Assessment ($100); INC ($80)		
Contact No:	3) TF : Towing Fee $40/$45		
	4) FT : Follow-Through Survey $100		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) $30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection $75		
	7) N1 : Idac DA + SMRT Survey $160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance $5		
	*N6: Repair Co-ordination $10		
Auditors' Comments :-	*N7: Post Repair Inspection $25		
Cat. 1:	*N8: DV / Collect Excess Coordination $5		
	TP (N11) : TP (Non INC) against INC $20		
Cat. 2 / 3:	9) N12: Idac Mobile $0		
	Invoice dated *Fee Charged*		

MNA420036130 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 24/03/2020 14:40
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 24/03/2020 15:30

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 witholding 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	24/03/2020 14:40
Date Of Accident	16/08/2019 23:00
Exact Location Of Accident	ALONG JALAN WAJA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4088X

Insured/Policyholder

Name Of Registered Owner	YEE KOK CHOY
NRIC No	SXXXX488J
Email Address	RICKY@SPRAYDRYES.COM.SG
Mobile Phone No	(LOCAL) +65-82222600
Alternative Phone No	OTHERS-91051064

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	REPORTING ONLY
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	5104553170
Cover Note Number	

Driver

Name of Driver	KATHAMUTHU SELVAPRAKASH
NRIC No	SXXXX879B
Date Of Birth	12/07/1983
Occupation	INDOOR
Date Of Driving Pass	28/08/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82222600
Fax Number	
Contact Number	OTHERS-91051064
EMail Address	RICKY@SPRAYDRYES.COM.SG

Address	BLK 189 BOON LAY DRIVE #09-252
Postcode	640189
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JHH4990 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	JOHOR BAHRU CENTRAL
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

ON 16/08/2019 AT ABOUT 23:30HRS WHILE I WAS DRIVING MY CAR SMD4088X FROM NSK PANDAN CITY TOWARDS CITY,WHEN I WAS AT JALAN WAJA AND WANTED TO TURN RIGHT, SUDDENLY A CAR JHH4990 BANG AGAINST THE FRONT RIGHT SIDE OF MY CAR. AFTER THE ACCIDENT THE DRIVER ALREADY ADMIT THAT HE WAS DRUNK AND NO ONE WAS INJURED AND MY CAR DAMAGE ARE THE BUMPER, FENDER, RADIATOR AND OTHER THING I AM NOT SURE.

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	JHH4990
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW WEE SIAH

NRIC/Passport Number	7XXXXXXX1521
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

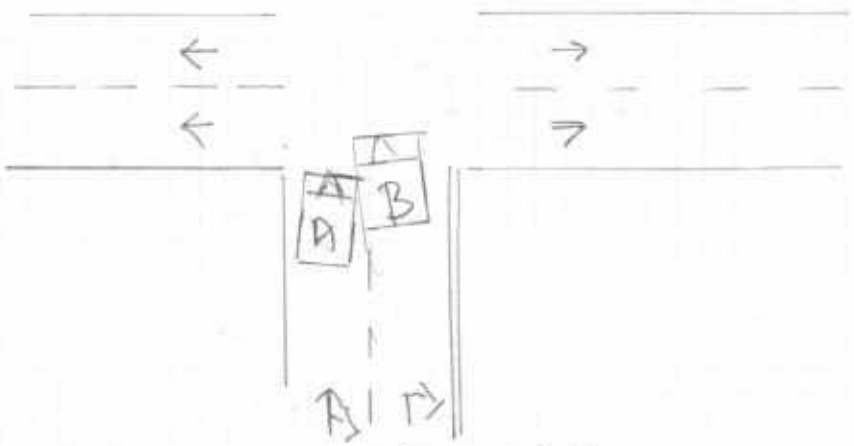
Policyholder's Signature
Date & Time: 24/03/20 12:30pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/03/20 12:30pm

24/03/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE JOHOR BAHRU (S)/021154/19

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 24/03/20 12:30pm	(If driver is not the policyholder) Date & Time: 24/03/20 12:30pm	Name: NRIC/FIN No.: 24/03/2020

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : JOHOR BAHRU CENTRAL
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/021154/19
Tarikh : 17/08/2019
Waktu : 0208 AM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R130812
No Repot Bersangkut : TRAFIK JOHOR BAHRU (S)/021153/19

Butir-butir Penerima Repot
Nama : CHE NUR HIDAYU BINTI CHE HASNI
No Personel : R206834
Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No K/P (Baru) : ---
No Polis/Tentera: ---
No Paspot: ---
Bahasa Asal : ---
Alamat: ---

Butir-butir Pengadu
Nama : KATHAMUTHU SELVAPRAKASH
No K/P (Baru) : ---
No Polis/Tentera : ---
No Paspot : S8366879B
No Sijil Beranak : ---
Jantina : Lelaki
Tarikh Lahir : 12/07/1993
Umur : 26 tahun 1 bulan
Keturunan : India
Warganegara : Singapore
Pekerjaan : MANAGER
Alamat Tempat Tinggal : APT BLK 189 BOON LAY DRIVE #09-252 SINGAPORE, 640189
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
No Tel (Pejabat) : ---
No Tel (HP) : 6591051064

Pengadu Menyatakan:-

PADA 16/8/2019 JAM L/KURANG 11.30 MALAM SEMASA SAYA MEMANDU MOTOKAR NO SMD 4088X DARI NSK PANDAN CITY MENGHALA KE PUSAT BANDAR. SEMASA SAYA MEMANDU DI JALAN WAJA SEMASA SAYA HENDAK MEMBELOK KE KANAN, TIBA-TIBA SEBUAH MOTOKAR NO JHH 4990 TELAH MELANGGAR BAHAGIAN HADAPAN KANAN MOTOKAR SAYA. SELEPAS KEMALANGAN TERSEBUT PEMANDU MOTOKAR JHH 4990 TELAH KELUAR BERJUMPA SAYA DAN TELAH MENGAKU DIA MEMANDU DIBAWAH PENGARUH ALKOHOL (MABUK). SAYA TIDAK CEDERA. KEROSAKAN MOTOKAR SAYA DI BAHAGIAN LAMPU HADAPAN, BUMPER, MUDGUARD,TANGKI AIR DAN LAIN-LAIN KEROSAKAN BELUM PASTI.

Tandatangan Pengadu: ----------

Tandatangan Jurubahasa(Jika ada) : ----------

Tandatangan Penerima Repot: ----------

ID Pencetak | Tarikh @ Masa Cetak : R4188663 | 15/03/2020 02:42:41 PM

ACCIDENT STATEMENT

ACCIDENT DATE: (16/08/2019) (DD/MM/YYYY), TIME: (23:00) (HH:MM)

LOCATION: Jalan Wijaya (M)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SMD 4088X
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5104553170
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: CAMRY 2008
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: HOLIDAY
   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: Yee Kok Chai (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8273485J CONTACT: 82226v0
   c) ADDRESS: 205 Lower Delta Road, #10-01, S(169206)

WIFE
DAUGHTER

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (3)

3. DRIVER
   a) NAME: KATHANUTHU SELVAPRAKASH (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8366879B CONTACT: 91051064
   c) ADDRESS: 09-252, 189 BOONLAY DRIVE SINGAPORE 640189
   *d) DATE OF BIRTH: (12/07/1983) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 28/08/2017
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND
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: JOHOR BAHRU CENTRAL
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: JHH 4990 MODEL:
   b) DRIVER'S NAME: LOW HEE SIANG
   c) NRIC/FIN/PASSPORT: 760324015121 CONTACT:

* No of passenger (including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including driver) (__)

email = ricky@spraydryes.com.sg

VIDEO

Claim Handling

Accident MI/1086474

- Exit

Policy No. 3104553170 | Vehicle No. SHD4088A | GST Registration No.
Certificate No.
Policyholder Name YEE KOK CHOI | Policyholder NRIC S8273488J
Product Code PRIVATE CAR INSURANCE | Cover Type Prm CLASSIC | Loading 0
Contact No.(Mobile) NA | Contact No.(Office) | Contact No.(Home)
Email Address | Special Remark | eCode No
NPK No Yes | TCR No Yes | eCode Reason
NCD Protection No | NCD Entitlement(%) 0 | Private Hire Not available

Accident Details

Report Date 02/03/2020 15:15 | Accident Report Within 24 hrs Yes | Accident Type Collision - Head on collision
Date of Accident 19/08/2019 | Time of Accident (hh:mm) 23:30 | Country of Accident Outside Singapore
Reporting Centre | Orange Force | ICM No.
Accident Location JALAN WAJA

Excess

Own Damage Excess Unl 00 | Additional Excess 0 | Windscreen Excess 100.00
Uninsured Driver Excess 0.00 | Outside Singapore OD Excess 800.00
Third Party Excess 0.00 | Outside Singapore TP Excess 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 1 105 LOWER DELTA ROAD | Address 2 #10-01 TERESA VILLE | Address 3 SINGAPORE 169209
Address 4 | Address Type Singapore address | Post Code 169209
Unit No | Related Policy Number 3104553170

OI Driver Info

Driver Name KATHAMUTHU SELVAPRAKASH | Driver Type Named Driver
Unnamed Driver Name | Driver NRIC S8326879B
Register Date of Driver License 28/08/2017 | Driver Age 35 | Driver DOB 12/07/1983
Contact No.(Mobile) 91251094 | Contact No.(Office) | Driving Experience 1
Address 1 BLK 169 #09-252 | Address 3 BOON LAY DRIVE | Contact No.(Home)
Address 4 | Address Type Singapore address | Address 3 SINGAPORE 640169
Unit No 09-252 | Post Code 640169
Does he own a Singapore Registered Car? Yes No | Driver Vehicle No. | Driver Insurer Company
Declaration
Breathalyser or Blood Test Reading? 0 mg | Any Injury? Yes No
Modification History

Claim 002 OD-MX New

Claim Type * OD-MX | Insured Name YEE KOK CHOI | Insured NRIC S8273488J
Contact No.(Mobile) | Contact No. (Home) 97223630 | Contact No. (Office) 97026589
Email Address ricky@sanjayvas.com.sg | OI Vehicle Number SHD4088A | TP Vehicle Number SHD4088A
Claim Description SHD4088A / SHD4088A ON 15 Aug 2019 | Name of Preferred Workshop
Preferred Workshop | Insured Liability Not at Fault
Estimate No. Finalization Yes | Disallowed Repair Option Preferred Workshop, Name unknown | GIA report Received
Date Registered 24/03/2020 12:52 | Claim Close Date | Date Received 24/03/2020 12:53
Report Taken By ROSLI WAHAB | Workshop Repairer | Total Loss but Repaired
Print XK letter

Save Submit

Attachment

Accident No. MI/1086474 | Claim No. 002
Last Doc. Received Yes No | Valued Date 24/03/2020 15:17
Path *

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

Message Read

Attachment List

Send Message Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 24 Mar 2020 15:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-3-24		Edit
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 24 Mar 2020 15:17	SAS	Normal	SAS 2020-3-24		Edit
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 24 Mar 2020 12:53	Photos	Normal	Photos 2020-3-24		Edit
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 24 Mar 2020 12:53	Photos	Normal	Photos 2020-3-24		Edit
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE	Photos	Normal	Photos 2020-3-24		Edit

	S (BUKIT MERAH)) on 24 Mar 2020 12:53				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Mar 2020 12:53	Photos	Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Mar 2020 12:52	Photos	Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Mar 2020 12:52	Photos	Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Mar 2020 12:52	Photos	Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Mar 2020 12:53	Photos	Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Mar 2020 12:52	Photos	Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Mar 2020 12:52	Photos	Normal	Photos 2020-3-24	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SMD4088X

Date of Accident 16/08/2019 12:49

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
*	5104553170		YEE KOK CHOY	S8273486J	GPC	drivo CLASSIC	SMD4088X	SMD4088X	11/10/2018	31/12/2019

Continue