NATIONAL Assessment Centre Services	WAY AND AND CONTRACTOR	152
Date In. 03 0 4 2000 ON The Jeb description	Date &Time Compl	eted Done by
Ref No. NBO TUCOOO 4885/Y SAS e-filing		
Veh No. FBA, 3304 A E-mail (within	Shrs, AIC 2hrs)	1
.D.O.A : 28 03 200 2.05 i-Motor Claim	1 2 747	2011 18/0/200
	(Within: OD 2hrs, TP 4hrs)	10:29
i-Photo Uplo		1
TP Insurer: Assessment/Su	rvey Report	
	y <u>Fax / Hand to Owner/Wksp</u>	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SLW 1/67E	. INC()/Non-INC()
Owner / Driver: (Tel:)
Policy No: () Period: () 'Cover Type: ()
Confirmed by : (Date: Time:	J
	VO): N: 0-20%; P: 21-79%. F	: \$0-100%}
Year of Registration: () Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1,000 () / \$2,000	()	
General Remarks:-	Set of Laboration	Starter
() Walk-In Customer: Customer's information strictly Co	nfidential & Strictly NO refer of rep	alter.
() Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-ln()/Towed-In(); Invoice: YES()/1	NO (); Towing Co: (
Remarks:- (INC horline: 6788 6616)	Date&Time Compl	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		
	3034-931-11	100 1 V 3 1 0 V 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1000000	
	The second secon	
NA200256	Invoice Preparation Checklist	Ant (\$) Ant (\$
	1) AR : Accident Reporting (\$30);	Add Bi
Claimant's Particulars 1-	2) DA : Damage Assessment (\$100);	INC (\$80)_
Oriver/Owner:	3) TF: Towing Fee . 4) FT: Follow-Through Survey	\$40/\$45 \$120
Contact No:	5) FT : Follow-Through Survey (Resurvey For claiming assinst INC Only (wef 10	
Damäged Portion:	6) TR : Re-inspection	\$75
	7) N1 : Idao DA + SMRT Survey 3) NTUC Additional Services;-	· 2160
QC Checked by (Engr-In-Charge):	OD* .	27
C. T. Street M. (OHB. TH. CHAILEO).	*N5: Courtesy Cer / Tpt Allowance *N6: Repair Co-ordination	\$10
Auditors' Comments:-	*N7: Post Repair Inspection	\$25 \$5
Part 1:	*N8: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC	\$20 .
74, 7.3.	9) N12: idea Mobile	30 Charved

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- . 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.

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 information.

ACCIDENT STATEMENT

Date Of Report 02/04/2020 17:44 Date Of Accident 29/03/2020 12:05

Exact Location Of Accident ALONG ALEXANDRA ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBA3304A

Insured/Policyholder

Name Of Registered Owner MUHAMMAD RASUL BIN ABDULLAH

NRIC No SXXXX634D

Email Address MD_ISKANDAR@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-87505800 Alternative Phone No OTHERS-89051412

Vehicle Particulars

Manufacturer YAMAHA Model SPARK-135CC

Exact Purpose for which vehicle was being used at WORKING PURPOSES

NO

Are you claiming under your own insurance policy for repair to your vehicle?

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

Policy Number

Cover Note Number

5061636114-06

Name of Driver MUHAMMAD ISKANDAR BIN ZAINUDDIN

NRIC No SXXXX634D Date Of Birth 05/10/1983 Occupation OUTDOOR Date Of Driving Pass 23/06/2015

Driving Experience 4 YEARS AND 9 MONTHS

Mobile Number (LOCAL) +65-87505800

Fax Number

Contact Number OTHERS-89051412

EMail Address MD_ISKANDAR@HOTMAIL.COM Address

BLK 16 GHIM MOH ROAD

Postcode

270016

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - BROTHER

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? NO

Number of vehicles (including own vehicle) involved in the accident

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given?

If Yes, against whom? Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200401/2113

Attachment(s)

Was there any audio recorded?

YES

Was there any video captured by Car Camera?

Are accident photos available for attachment?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLN1167E

Vehicle Make/Model/Colour

TOYOTA VIOS

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHAN SOON LYE

NRIC/Passport Number

SXXXX630E

Contact Number

98535272

Address

Postcode

Insurance Company Name

Page 2 of 27

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD ISKANDAR BIN ZAINUDDIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBA3304A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

Page 3 of 27

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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

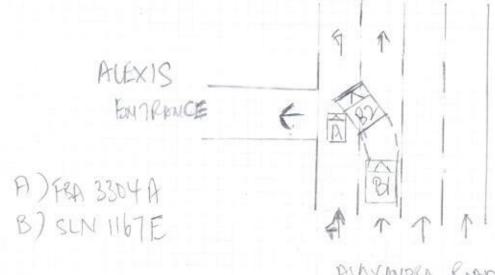
(If driver is not the policyholder)

Date & Time: 02 |04| 20 14:23

Reporting Centre Persognel's Si

prame:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	PUA	YANDRA ROAD	
		27 T/20004	01 213	
ECLARATION				
We declare the foregoing pa	rticulars are true in every	respect.	an 03/6	4/2020
olicyholder's Signature ate & Time:	Driver's Signatur (If driver is not t	re he policyholder)	Reporting Centre Personn Name:	el's Signature AM

NRIC/FIN No.:

Date & Time:

ACCIDENT STATEMENT

ACCIDENT DATE: (29) 03/ 2020)(DD/MM/YYYY), TIN	ME:(12 : 05)(HH:MM)
LOCATION: Alexandra Road	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: FBA 3304 A	
DINSURANCE COMPANY: NTOC	
CIPOLICY NUMBER: 506636114-06	
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY (- V
DIMAKE & MODEL: SPARIC 135	HIRD PARTY FIRE &THEFT
FITYPE: (SALOON / COUPE / MPV /VAN / LORRY MC	
9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / M	DIORCYCLE / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME: WOOK	MOTORCYCLE)
DARE YOU CLAIMING LINDER YOUR CHALLENGE	ind G
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE IF NO. PLEASE STATE (THIRD PARTY CLAIM) REPORTI	E (YES/NO)
2. INSURED / POLICY HOLDER	ING ONLY)
AINAME: MUHAMMAD RASUL BLM ABDOLLAH	
DINRIC/FIN/PASSPORT, CO 22 1 (24)	MALE FEMALE
CIADDRESS RIV III CILIA	NIACT: 81505800
· SINHAPORE 270016	-49
* CONTRIBUTE TO	-
1 Assaudes Oktobe	252
(Including driver) DINAME: MUHAMMAD ISCANDAR BIN ZAINODDIN	
C S UNINCIPALSPORT, SUECZILI LI	(MALE / FEMALE)
CIADDRESS DI L	NTACT: 8905 1412
SINHAPORE 2 7001h	
"d)DATE OF BIRTH: (25 / 01 / 1995 UDD WARRE	VVI
COCCUPATION: INDOOR COURDS	11)
TOUTE OF DRIVING DACK	
WAS DRIVER AN EMPLOYER OF THE INCURENCE	DIADANIC OFFICE
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THE PROPERTY OF THE PROPERTY O	1
DINCAD SURFACE: IDRYII WET / OTHERS	
" WAS ANTBODY IN HIPED (VEG (NO)	
dikeported to pouce (YES) (NO)	20 W
IF YES, PLEASE STATE WHICH POLICE STATIONS	ACTI HO
Ma of many S. THIRD PARTY VEHICLE	
He of passenger a) VEHICLE NUMBER: SLN 1167 E MODE	EL: TOYOTA VIOS .
THE THE TON LAD	- Committee of the comm
() NRIC/FIN/PASSPORT: S 1698630 E CONT	TACT: 9853 5272
NO of passinger of Dentate NUMBER: MODE	L:
Induding driver) O DRIVER'S NAME:	
Mo of passinger d) VEHICLE NUMBER:MODE Including deliver) DRIVER'S NAME:CONT	ACT:

email = Md_Iskandar@hotmail.com





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

1 of 3 Report No. T/20200401/2113

REPORT OF A TRAFFIC ACCIDENT

01/04/2	me Report I 020 18:01	Made:	Vide Report No.: T/20200329/2029	Station Diary No.:
Informa	nt's Partic	ulars	STORY OF THE STORY	120
Name o MUHAN ZAINUD	f Informant: MAD ISKA DIN	NDAR BIN	Address: APT BLK 16 GHIM MOH RO	AD #04-49 SINGAPORE 270016
	/ ID No.: O / S95031	66H	Contact No.: Home/Office:	Makilanoooriisa
National SINGAP	lity: PORE CITIZ	EN	Email:	Mobile: 89051412
Sex: Male	Age: 25-	Date of Birth: 25/01/1995	Type of Informant:	
Race: Malay			Language:	Institution / School Name:
Occupat SAF - NS	ion: SF		Driving Licence Information: Class:	Date of Expiry:

General Infor	mation of the Acc	ident		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident:	Type of Location
Location: Along Road 1 ALEXANDRA Entrance of A	ROAD		29/03/2020 12:05	
Weather:	ONIO	Road Surface:	R	oad Speed Limit:
Traffic Flow:		Traffic Control:		affic Volume:
Type of Collisi Between Movi	ion: ing Vehicles - Head	I To Side	Ar	nyone conveyed by inbulance:

Brief Details.

I am lodging this traffic accident report with reference to T/20200329/2029 as I have amendments to the facts.

On 29/03/2020 at about 1205hrs, I was riding my motorcycle bearing registration plate number FBA3304A on the most left lane (3rd lane) of Alexandra Road towards Commonwealth Ave West. A car bearing registration plate number SLN1167E was travelling in front of me. While I was approaching the filter lane of Alexandra Road turning into Commonwealth Ave West, I managed to ride past SLN1167E on the filter lane while SLN1167E was still in the 3rd lane.

Suddenly, near to the drop off point entrance of Alexis, SLN1167E make a sharp left turn and the left of his car hit the front of my motorcycle.





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

2 of 3 Report No. T/20200401/2113

CONTINUATION OF REPORT

This is all I have to amend.





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

3 of 3 Report No. T/20200401/2113

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 WONG WAI CHONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2020 18:01
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	
	SIGNATURE

Claim Handling

Accident MT/1090584											
Felicy No.	9061636114-06	venide No.	FBA3304A		CSTA	egistration N					
othicate No.					42.6	egacranen ia	8.				
Hickholder Name	MUHAPINAD RASUE BIN ABDULLAH				Detect	holder NRIC		100000	DESCRIPTION OF THE PERSON OF T		
odurt Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire	1.00					2634D		
Maca No. (Mobile)	87905800	Contact No.(Office)	training, res	a. Ingr	Loadin			0			
nail Address					Contac	ct Na (Home)					
×	hap Yes	Special Hemark			#Code			No.7			
		TICA	No Yes		«Code	Reason					
D Protection	No	NCD Entitlement(%)	20		Private	e Hire :		No			
Accident Details											
oort Date	03/04/2020 10:24	Accident Report Within 24 hrs.	Yes		Accide	or Type		Sec	Carlos		
te of Acordene	29/03/2020	Time of Assignit thomas	13:66			ry at Accident					
porting Centre		Orange Force						Singa	pore		
sident Location	ALONG ALEXANDRA ROAD				TOM NO	0					
Total Excess Applicable	SA SOLID E-STEEL STEEL S										
CSS Type	Per Accident										
	TO MALMEN	Windscreen Excess									
Standard Excess	9.00	TP Standard Excess									
O OD Excess	0.00			0.00							
itional Excess	4.00	YIEO TP Excess		0.00	Driver	is Covered?		Not to	bereyo		
el OD Excess Approprie											
Benefits	0.00	Total TP Excess Applicable		0.00							
GST Registered Informa	Hine										
Registered Enterma											
Registration No.	No		GST Regi	stration Date							
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Policyholder Mailing Add											
Policyholder Malling Add											
	BLX 16 #04-49	Address 2	GHIM MOH ROAD		Address	s:3:		Specie	9FOHE 270	116	
ess 4		Address Type	Singapore address		Past Ca						
No	04-49	Related Policy Number	5061636174-06			376		27001	100		
OI Driver Info		Service Court Service									
ir Name	MUHARMAD ISKANDAR BIN ZAIMUDDIN	Driver Type	Named Driver								
emed driver Name		Driver NRJC	\$9503166H		40000	200					
Mer Date of Driver License		Driver Age			Oriver 0			25/01/	11995		
(ect No.(Motole)		Corract No. (Office)	25			Experience		4			
ess 1						No.(Home)					
100 4		Address 2			Address	1					
No.		Address Type	Foreign address		Post Co	de					
He own a Singapore	920 12										
stered car?	Yes No	Driver Vehicle No.	FBA3304A		Driver fr	neurer Comp	ony	NTUC			
nation											
nation											
ling?	û ng	eny injury?	Yes - No								
Inelyser or Blood Test ling? fication History wim 001 New	3 mg	Any mury?	Yes - No								
neg?	0 mg	Any injury?	Yes + No	produced:							
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4/3/2020		Claim Handl	ing(accident reporting	Claim Task)	
	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 03.4pr 2020 10:29	Photos	Normal	Photos 2020-4-3	Ean
	NAC_BURIT_MERAH_800076; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Apr 2020 10:28	Photos	Normal	Photos 2020-4-3	EDS
	NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S.(BUKIT_MERAH)) on 03 Apr 2020 10:28	Photos	Narmai	Photos 2020-4-3	ESS
4	NAC_BURIT_MERAH_BODG75(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on D3 Apr 2020 10:28	Photos	Normal	Photos 2020-4-3	Keis
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	NAC_BURIT_MERAH_BODG7G(NATIONAL ASSESSMENT CENTRE SPRVICE S (BURIT MERAH)) on 03 Apr 2020 10:28	Protos	Normal	Photos 2020-4-3	Keit
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100	NAC_BURIT_MERAH_900676; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Apr 2020 10:27	Photos	Normal	Photos 3020-8-3	Edit
8	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Apr 2020 10:27	Photos	Normal	Fretos 2020-4-3	Kelit
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH]) on 03 Apr 2020 10:27	Photos	Normal	Photos 3020-4-3	Edd
11.20	NAC_BURIT_MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 03 Apr 2020 10:27	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-4-3	Edet
63	NAC_BURIT_MERAH_E)0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Apr 2020 10:27	SAS	Normal	SA5 2020-4-3	Edit
Video List					

Display in New Window Scan and upluasing



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66S50020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

Original Report N	10: MUAYND39453	Vehicle Registration No: FBA 3364 A
Name(as shownin N	uc): Multanmen Skandar	_NRIC/FIN/Passport No :
(*Vehicle Driver)	Vehicle Owner) (*) Please delete as a	
Address		Singapore(
Contact (Tel)	P	_Mobile No.:_ 89051412
Email Address		
Date of Accident	29/03/2020	_Time of Accident :
Place of Accident	: plous plaxanaes	ROAD
Insurance Compa	ny: XMUC	
ADDITIONALINE	ORMATION / AMENDMENTS:	
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RIDER NAME	ng amendments:	
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eBao Tech

General Claim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password My Desktop **Policy Query** * Notice of Loss Policy No. Date of Accident Vehicle No.(For Motor) FBA3304A

29/03/2020 10:40 Certificate Number

Search. Certificate Number Policyholder Name MUHAMMAD RASUL BIN ABDULLAH Policyholder Product Cover Type NRIC Commence Expiry Date Select Policy No. * 5061636114-06 58332634D GMC Third Party, FBA3304A FBA3304A 08/10/2019 06/10/2020

Continue