

NATIONAL Assessment Centre Services

Print & Sign

MBAY2004/192

Date In: 08/04/2020 16:24	Job description	Date & Time Completed	Done by
Ref No: NBA/20005287/4	SAS e-filing		
Veh No: FBK 177E	E-mail (E-jobs thro, AIO thro)		
D.O.A: 17/03/2020 19:15	I-Motor Claim Form	mb/1088919-002	20/04/2020 15:31
OD (TP) Reporting Only	I-Motor W/O (Wichlor: OD thro, TP thro)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Acc'd Report by Fax / Hand to Owner/Whiz		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Participant:	Veh No: SHD 391K	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%; 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 repolier.

() 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: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$10
	6) TR: Re-inspection	\$75
	7) NI: Day DA + EMRT Survey	\$160
	8) NIUC Additional Services:	
	9) NI: Day DA + EMRT Survey	\$10
	10) NI: Day DA + EMRT Survey	\$10
	11) NI: Day DA + EMRT Survey	\$10
	12) NI: Day DA + EMRT Survey	\$10
	13) NI: Day DA + EMRT Survey	\$10
	14) NI: Day DA + EMRT Survey	\$10
	15) NI: Day DA + EMRT Survey	\$10
	16) NI: Day DA + EMRT Survey	\$10
	17) NI: Day DA + EMRT Survey	\$10
	18) NI: Day DA + EMRT Survey	\$10
	19) NI: Day DA + EMRT Survey	\$10
	20) NI: Day DA + EMRT Survey	\$10

2/2

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	08/04/2020 16:24
Date Of Accident	12/03/2020 19:15
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1277E
Insured/Policyholder	
Name Of Registered Owner	DARREN TAN NAN LONG
NRIC No	SXXXX648B
Email Address	DARRENDENSO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96184134
Alternative Phone No	OTHERS-96184134

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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
Fleet Policy	NO
Policy Number	5111972925
Cover Note Number	

Driver

Name of Driver	DARREN TAN NAN LONG
NRIC No	SXXXX648B
Date Of Birth	02/10/1991
Occupation	INDOOR
Date Of Driving Pass	07/07/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96184134
Fax Number	
Contact Number	OTHERS-96184134
Email Address	DARRENDENSO@GMAIL.COM

Address	BLK 902 JURONG WEST STREET 91 #07-105
Postcode	640902
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200320/2075

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3911K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

DARREN TAN NAN LONG

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBK1277E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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

14/2/20

1423HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20/04/2020

Res. Lim

SKETCH PLAN

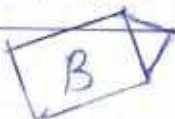
AYE TOWARDS TUFFS BEFORE (CLEMENTI AVE 2)

A) FBK 1277E

FBK 1277E

NO CONTACT
SELF SKIDDED

B) SHD 3911K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELING ALONG AYE TOWARDS TUFFS (CLEMENTI AVE 2)
ON 12 MARCH 2020. AROUND 1917 HOURS THE TAXI
DECIDED TO CHANGE ITS LANE TO 2ND LANE, TO AVOID
COLLISION I JAMMED BRAKE and SKIDDED TO 3RD LANE.

POLICE REPORT 1/20200320/2015

DECLARATION

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

Policyholder's Signature
Date & Time:

080400

1423HRS

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

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

20/04/2020

Reshiah

ACCIDENT STATEMENT

ACCIDENT DATE: (12/03/20) (DD/MM/YYYY), TIME: (1912) (HH:MM)

LOCATION: A/E TOWARD TUGS (CLEMENTS AVE 2)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK1277E
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: (B400X)
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: DAREN TAN NUN LOOF (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9137648D CONTACT: 9634124
c) ADDRESS: BLK 902 JURONG WEST ST 91 #07-105

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME:
b) NRIC/FIN/PASSPORT: (MALE / FEMALE)
c) ADDRESS: CONTACT:

* d) DATE OF BIRTH: (02/10/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26 MAY 2015

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)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: POLICE HQ (TP)

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD3911K 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 = DARENDENSO@GMAIL.COM
VIDEO



SINGAPORE POLICE FORCE



T/20200320/2075

Police Station Of Origin:
Traffic Police

10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000

1 of 3

Report No: T/20200320/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2020 15:31	Video Report No	Station Diary No
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Informant's Particulars

Name of Informant: DARREN TAN NAN LONG	Address: APT BLK 902 JURONG WEST STREET 91 #07-105 SINGAPORE 640902		
ID Type / ID No: NRIC NO / S9137648B	Contact No:	Mobile: 96184134	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email	
Sex: Male	Age: 28	Date of Birth: 02/10/1991	Type of Informant: Rider
Race: Chinese	Language		Institution / School Name
Occupation: OPERATION EXECUTIVE	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/03/2020 19:15	Type of Location
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE TWDS TUAS AFTER CLEMENT AVE 2				
Weather	Road Surface:		Road Speed Limit	
Traffic Flow	Traffic Control		Traffic Volume	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBK1277E	Motorcycle	HONDA	CB400X MANUAL	Red		0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBK1277E	NTUC Income Insurance Co-Operative Limited	5111972925	17/08/2019	29/09/2020



**SINGAPORE
POLICE FORCE**



T/20200320/2075

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200320

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider:

Name	DARREN TAN NAN LONG	ID No.	S9137648B
Related Vehicle	FBK1277E (Motorcycle)	Contact No	96184134
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 STATED DATE, TIME AND LOCATION,

I WAS RIDING ALONG AYE TOWARDS TUAS AFTER CLEMENTI AVENUE 2. I WAS TRAVELLING ALONG LANE 2 AND THEN ALL OF A SUDDEN, A TAXI CUT FROM LANE 1 INTO LANE 2. AS A RESULT, I WAS FORCED TO SWERVE LEFT TO AVOID HIM AND ENDED UP SKIDDING. I FELL TO THE GROUND AND THE TAXI DRIVER ALIGHTED HIS CAR WHILE RENDERING ASSISTANCE TO ME. MY BIKE ENDED UP ON LANE 3. THE TAXI DRIVER HELPED ME TO CONTACT THE POLICE AND AMBULANCE. ONCE THE AMBULANCE ARRIVED, I WAS CONVEYED TO THE HOSPITAL. THAT'S ALL.

JO IN-CHARGE ESMOND



**SINGAPORE
POLICE FORCE**



T/20200320/2075

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No. 65470000

Report No. T/20200320

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	DARREN TAN NAN LONG	ID No.	S9137648B
Related Vehicle	FBK1277E (Motorcycle)	Contact No.	96184134
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 STATED DATE TIME AND LOCATION.

I WAS RIDING ALONG AYE TOWARDS TUAS AFTER CLEMENTI AVENUE 2. I WAS TRAVELLING ALONG LANE 2 AND THEN ALL OF A SUDDEN, A TAXI CUT FROM LANE 1 INTO LANE 2. AS A RESULT, I WAS FORCED TO SWERVE LEFT TO AVOID HIM AND ENDED UP SKIDDING. I FELL TO THE GROUND AND THE TAXI DRIVER ALIGHTED HIS CAR WHILE RENDERING ASSISTANCE TO ME. MY BIKE ENDED UP ON LANE 3. THE TAXI DRIVER HELPED ME TO CONTACT THE POLICE AND AMBULANCE. ONCE THE AMBULANCE ARRIVED, I WAS CONVEYED TO THE HOSPITAL. THAT'S ALL.
IO IN-CHARGE. ESMOND

SINGAPORE
POLICE FORCE

Station Of Origin
Police
Ubi Avenue 3 SINGAPORE 408885
Tel No. 65470000



Report No. 120000000000

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:
TP /
MUHAMMAD AMIRUL M

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No. 65476904

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/03/2020 15:31

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408662
Tel: +65 6547 0000
Fax: +65 6547 8225
www.police.gov.sg

Our Ref : TP/TP/13999/2020
Date : 13 April, 2020

DARREN TAN NAN LONG
BLK 902 JURONG WEST STREET 91
#07-105
SINGAPORE 640902

Dear Sir/Madam

**ACCIDENT INVOLVING FBK1277E & SHD3911K ALONG AYE (TUAS) 9.5KM ON
12 MARCH 2020 AT 1918 HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of SHD3911K had committed an offence of Careless driving causing hurt under Section 65(4)(a) of the Road Traffic Act. Action has been initiated against the driver for the said offence.

3. If you have any queries, please contact the Investigation Officer, Phua Tiak Yee, Esmond at telephone number 65472077 or via email at PHUA_Tiak_Yee@spf.gov.sg.

Yours faithfully

Jeneema Farween
for Head Investigation
Traffic Police
Singapore Police Force



28/10/2010



Aut
08/06/2020





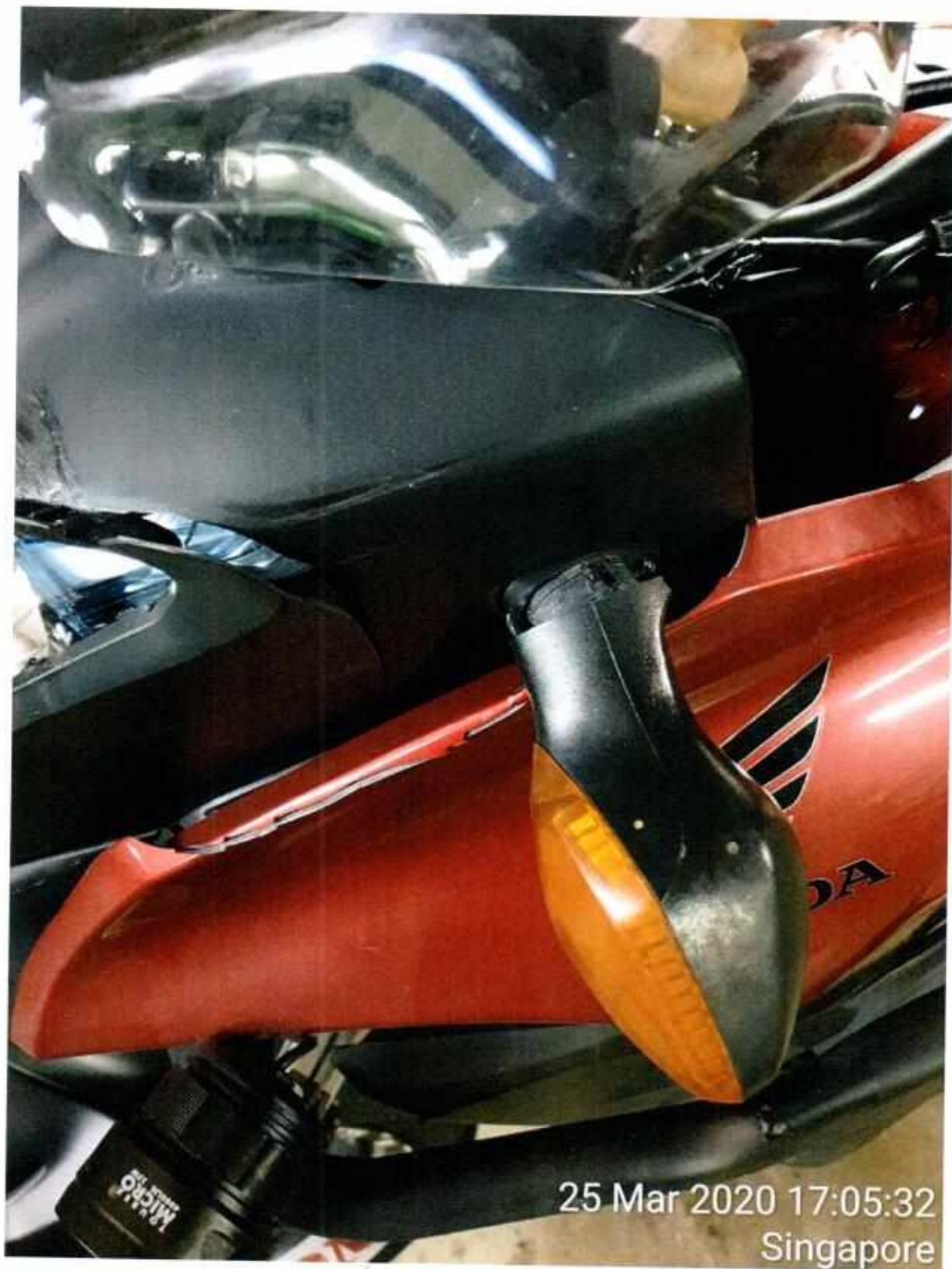
gaw 28/04/2020



gaw 08/04/2020



gun 08/09/2020



25 Mar 2020 17:05:32
Singapore

can 04/04/2020

Claim Handling

Accident MT/1088919

Edit

Policy No.	SI1372426	Vehicle No.	PBK1277E	GST Registration No.	
Certificate No.					
Policyholder Name	DARRIN TAN NAN LONG	Cover Type	Third Party	Policyholder NRIC	S2137648B
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		LABRING	0
Contact No. (Mobile)	81	Special Remark		Contact No. (Home)	
Email Address		TCA		eCode	No *
MPF	No Yes	ACD Breakdown(%)	No Yes	eCode Reason	
ACD Protection	No			Private HRA	82

Accident Details

Report Date	18/03/2020 18:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Incident	12/03/2020	Time of Accident (H:M:S)	15:15	Gravity of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WPE TURN 1 BT CLEMENTI AVE 2 (R31)				

Total Excess Applicable

Excess Type	Per Accident	Workmen Excess		Driver's Coverage	Not Applicable
OD Standard Excess	0.00	TP Standard Excess	0.00		
Additional Excess		FWD TP Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 902 #01-105	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640902
Address 4		Address Type	Singapore address	Post Code	640902
Unit No.	07-105	Related Policy Number	SI1372426-01		

01 Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		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.		Driver Insurer Company	

Modification History

Claim 001 [Reset](#)

Claim Type *

Contact No. (Mobile)	00-POL	Injured Name	DARRIN TAN NAN LONG	Injured NRIC	S2137648B
Email Address	90184126	Contact No. (Home)	81	Contact No. (Office)	
Claim Description	DARRIN@GMAIL.COM	CI	PBK1277E	TP	SPD3811K
Preferred Workshop		Vehicle Number	PBK1277E / SPD3811K ON 12 MAR 2020	Name of Preferred Workshop	
Insured Liability	Not at Fault				
Insured Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered		Claim Date	2024/2025 11:30	Date Received	2004/2020 00:00
Report Taken By			ROSLI WAHAB		

Print All Letter

Save Submit

Attachment

Accident No.	MT/1088919	Claim No.	002
Last Doc. Received	Yes No	Upload Date	20/04/2020 11:31
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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			

Attachment List

Attachment	Uploaded By/Time	Category	Urgency	Description	Msg Sent (CS)	Action
	NAC_PATA_URI_000401(NATIONAL ASSESSMENT CENTRE SERVICES) 6 n 20 Apr 2020 11:31	Photo	Normal	Photos 2020-4-20		Edit
	NAC_PATA_URI_000601(NATIONAL ASSESSMENT CENTRE SERVICES) 6 n 20 Apr 2020 11:31	Photo	Normal	Photos 2020-4-20		Edit
	NAC_PATA_URI_010602(NATIONAL ASSESSMENT CENTRE SERVICES) 6 n 20 Apr 2020 11:31	Photo	Normal	Photos 2020-4-20		Edit
	NAC_PATA_URI_000801(NATIONAL ASSESSMENT CENTRE SERVICES) 6 n 20 Apr 2020 11:31	Photo	Normal	Photos 2020-4-20		Edit
	NAC_PATA_URI_000901(NATIONAL ASSESSMENT CENTRE SERVICES) 6 n 20 Apr 2020 11:31	Photo	Normal	Photos 2020-4-20		Edit

	NAC_PAYA_VSL_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) 9 A 20 Apr 2020 11:31	Photos	Normal	Photos 2020-4-20	Edit
	NAC_PAYA_VSL_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) 9 A 20 Apr 2020 11:31	Photos	Normal	Photos 2020-4-20	Edit
	NAC_PAYA_VSL_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) 9 A 20 Apr 2020 11:31	Photos	Normal	Photos 2020-4-20	Edit
	NAC_PAYA_VSL_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) 9 A 20 Apr 2020 11:31	Photos	Normal	Photos 2020-4-20	Edit
	NAC_PAYA_VSL_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) 9 A 20 Apr 2020 11:31	Photos	Normal	Photos 2020-4-20	Edit
	NAC_PAYA_VSL_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) 9 A 20 Apr 2020 11:31	NRIC/ Driving License	Y	NRIC/ Driving License 2020-4-20	Edit
	NAC_PAYA_VSL_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) 9 A 20 Apr 2020 11:31	SAS	Normal	SAS 2020-4-20	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scroll 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="12/03/2020 14:26"/>
Vehicle No. (For Motor)	<input type="text" value="FBK1277E"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111972925		DARREN TAN NAN LONG	S91376488	GMC	Third Party	FBK1277E	FBK1277E	17/08/2019	29/09/2020