

Huimin 9727245

NATIONAL Assessment Centre Services.		Date & Time Completed	Done by
Date In: 09/05/2020 11:57	Job description		
Ref No: NA/INC200056287	SAS e-illing		
Veh No: GBE 8104G	E-mail (by date 3hrs, AIC 2hrs)		
DOA: 09/05/2020 14:00	I-Motor Claim Form	09/05/2020 12:05	
OD: 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/Whar		
Preferred Wkup / INC Assign Wkup / QW: ()		Tel:	Fax:
TP Particulars:	Veh No: GBE 81199	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 repair.			
() Total Loss Case: to e-mail Insurer URGENTLY.			
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()			
Remainder ()			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: ()			
Date/Time:	09/06/2020 Email to Mike about ASD		
NA2002901			
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$20)		
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) \$30		
	For claiming against INC Only (w/ 10 Jan 2020)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repairs Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N9: DV / Collect Excess Coordination \$20		
	*N10: DV / Collect Excess Coordination \$20		
	*N11: DV / Collect Excess Coordination \$20		
	*N12: Idea Mobile \$30		
	Invoice dated		
	Invoice dated		
	Fee Charged		
	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	09/05/2020 11:51
Date Of Accident	04/05/2020 14:00
Exact Location Of Accident	ALONG CIRCUIT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8104G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NOOR BIN ALHASSAN
NRIC No	SXXXX746G
Email Address	LIL.SHINE84@YAHOO.COM
Mobile Phone No	(LOCAL) +65-86065184
Alternative Phone No	OTHERS-86065184

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
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	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	5107597192
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NOOR BIN ALHASSAN
NRIC No	SXXXX746G
Date Of Birth	28/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2005
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86065184
Fax Number	
Contact Number	OTHERS-86065184
Email Address	LIL.SHINE84@YAHOO.COM

Address	BLK 285 TAMPINES STREET 22 #05-205
Postcode	520285
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	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	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 POLICE REPORT T/20200504/7023

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	GBE8119P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD EFFINDI BIN HAZALI
NRIC/Passport Number	
Contact Number	87790759
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD NOOR BIN ALHASSAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBE8104G

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:

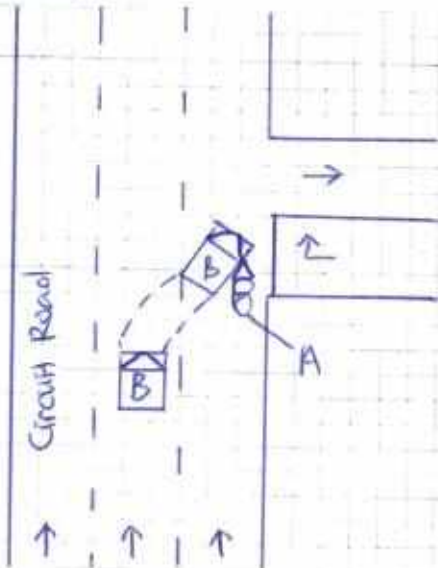


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Veh A: FBE 8104 G

Veh B: GBE 8119 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20200504 / 7023

DECLARATION

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

2

Policyholder's Signature
Date & Time:

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

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

Vehicle No.	FBE 8104G	Model / Make	Yamaha T135
Date of Accident	4/5/2020		
Time of Accident	1400	HRS	
Location of Accident	Along Circuit Road		
Exact purpose use during accident	Private use		
Name of Owner	Muhammad Noor Bin Alhassan		
Telephone No.	H/P: 86065184	Home:	Office:
NRIC	88441746G		
Address	Blk 285 Tampines Street 2 #05-205 s(52028t)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5107597192		
Name of Driver	As Above If No,		
NRIC		Any Passengers:	-
Date of birth	28/12/1984		
Occupation	Outdoor / Indoor		
Driving License Pass Date	18/2/2005		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No, (If yes, Reg No. SFC 6340 S)		
Relationship	Employee, (If no, state Owner)		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, (If Yes, Who?)		
Name And Contact No.	Muhammad Noor Bin Alhassan 86065184		
Name And Contact No.			
Police Report	No, (If Yes, Where? Traffic police Ubi)		
Vehicle B No.	GBE 819P	Any Passengers:	-
Name of Driver	Muhammad Effendi	Contact No.:	8779 0739
Vehicle C No.	Bin Hazali	Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E No.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Hit on the left, fall to the right		
Camera Recorder	Yes (No)		
Email Address	lil.shine84@yahoo.com		
PARTICULAR WORKSHOP	Moto 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



SINGAPORE POLICE FORCE



T/20200504/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200504/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2020 21:04		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: MUHAMMAD NOOR BIN ALHASSAN		Address: APT BLK 285 TAMPINES STREET 22 #05-205 SINGAPORE 520285		
ID Type / ID No.: NRIC NO / S8441746G		Contact No.: Home/Office: Mobile: 86065184		
Nationality: SINGAPORE CITIZEN		Email: lil.shine84@yahoo.com		
Sex: Male	Age: 35	Date of Birth: 28/12/1984	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: SCDF OFFICER		Driving Licence Information: Class: 2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2020 14:00	Type of Location: Straight Road
Location: CIRCUIT ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8104G	Motorcycle	YAMAHA	T135	Black		0
GBE8119P	Van			White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE8104G	NTUC Income Insurance Co-Operative Limited	5107597192	16/02/2019	13/09/2020



**SINGAPORE
POLICE FORCE**



T/20200504/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200504/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD NOOR BIN ALHASSAN	ID No.	S8441746G
Related Vehicle	FBE8104G (Motorcycle)	Contact No.	86065184
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3,4 Date of Expiry: NIL
Date Treatment	04/05/2020	Date Discharge	04/05/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

Details of incident

Accident involving RTA at the carpark entrance of block 65 Circuit Rd S(370065). I was travelling along the 3 lane road getting food for my break fast. I was on the extreme right lane. A van ahead of me was travelling on the centre lane. Without signalling and checking his blind spot he swerved to enter the block 65 carpark. I was unable to stop or avoid the van. I crashed onto the right side portion of the van. Ambulance was being called and was attended by paramedic SGT Nabilah from station 21. I was conveyed to Raffles Hospital by A211D in a stable and conscious condition.

Accident involved

Name: Muhammad Noor Bin Alhassan
Vehicle type: Motorbike
Vehicle no.: FBE8104G

Name: Muhammad Effendi Bin Hazali
Vehicle type: Van
Vehicle no.: GBE8119P

Email: lil.shine84@yahoo.com



**SINGAPORE
POLICE FORCE**



T/20200504/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200504/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/05/2020 21:04

Classification Of Case:

rsbm

From: Desmond Foo Guo Hui <desmond.foogh@income.com.sg>
Sent: Tuesday, 2 June, 2020 2:39 PM
To: rsbm
Subject: RE: MT/1092419-001 FBE8104G

Hi Rosli,

I will close off the file of MT/1093519. I see the date was created with a wrong date.
Please take note of the file accuracy,

Claim Level



Product	Claim Type	Claim No.	Case Officer	Policy No.	MT Cert No Des
GMC_H_20180125		<u>MT/1093519-</u>		5107597192	
GMC_H_20180125	OD-MX	<u>MT/1092419-001</u>		5107597192	

Desmond Foo
Manager
Operations – Motor & Personal Lines
T +65 6430 7976



From: rsbm [mailto:rsbm@lkkauto.com]
Sent: Tuesday, 2 June 2020 2:35 PM
To: Desmond Foo Guo Hui <desmond.foogh@income.com.sg>
Subject: RE: MT/1092419-001 FBE8104G

[CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you can confirm the sender and know the content is safe.]

Yes Sir I know what about the claim that I have created it can be double thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

From: Desmond Foo Guo Hui [mailto:desmond.fooogh@income.com.sg]
Sent: Tuesday, 2 June, 2020 2:30 PM
To: rsbm
Cc: ODsupport
Subject: RE: MT/1092419-001 FBE8104G

Hi

MT/1093519 should appear under your pending activities. You can click on the number and continue working from there.

Desmond Foo
Manager
Operations – Motor & Personal Lines
T +65 6430 7976

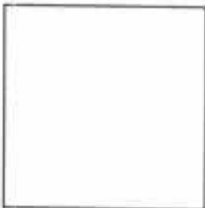


From: rsbm [mailto:rsbm@lkkauto.com]
Sent: Tuesday, 2 June 2020 9:44 AM
To: Desmond Foo Guo Hui <desmond.fooogh@income.com.sg>
Cc: ODsupport <ODsupport@income.com.sg>
Subject: MT/1092419-001 FBE8104G

[CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you can confirm the sender and know the content is safe.]

Hi the above mention claim I have created ebao on 09/05/2020 and I did not print out the copy, when try to enter the give me a new claim number MT/1093519) pls advice thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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Claim Handling

Accident #MT/1092419

Policy No.	5877987192	Vehicle No.	FBE8104G	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NOOR BIN ALHASSAN				
Product Code	MOTORCYCLE INSURANCE	Driver Type	Third Party	Policyholder NRIC	S8441746G
Contact No. (Mobile)	86065184	Contact No. (Office)		Leading	0
Email Address	LJLBMH984@YAHOO.COM	Special Remark		Contact No. (Home)	
AFE	No Yes	TCA	No Yes	sCode	No
NCD Protection	No	NCD Entitlement (%)	20	SCOR Rating	
Private Hire	No				
Report Date	06/05/2020 12:02	Accident Report Within 24 hrs	No	Accident Type	2-Dr Scoop
Date of Accident	04/05/2020	Time of Accident (hr:min)	14:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENT	Orange Frame	No	ICM No.	
Accident Location	ALONG CIRCUIT ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver H Coverage	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
VFD OD Excess	0.00	FSD TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 210B #07-110B	Address 2	PUNGGOL PLACE	Address 3	PUNGGOL CREST
Address 4	SINGAPORE 822210	Address Type	Singapore address	Post Code	822210
Unit No.		Related Policy Number	5107987192		

OI Driver Info

Driver Name	Muhammad Noor Bin Alhassan	Driver Type	Main Driver	Driver DOB	28/12/1981
Unnamed driver Name		Driver NRIC	S8441746G	Driving Experience	15
Register Date of Driver License	18/02/2005	Driver Age	33	Contact No. (Home)	
Contact No. (Mobile)	86065184	Contact No. (Office)		Address 2	PUNGGOL CREST
Address 1	BLK 210B #07-1200	Address 2	PUNGGOL PLACE	Post Code	822210
Address 4	SINGAPORE 822210	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	PB28104G	Driver Insurer Company	ICICI
Declaration					
Breathalyzer or blood test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 002 New

Claim Type *	OD-ME	Insured Name	MUHAMMAD NOOR BIN ALHASSAN	Insured NRIC	S8441746G
Contact No. (Mobile)	86065184	Contact No. (Home)	NO	Contact No. (Office)	
Email Address	l.j.l.b.m.h.984@yahoo.com	Of. Vehicle Number	FBE8104G	Vehicle Number	G888119P
Claim Description					
Preferred Workshop	Insured Liability	Not at Fault			
Removal No.	Repaired	Preferred Workshop, Name unknown	QIR report	Received	
Finalisation	Yes	Repair Option		Claim Close Date	
Date Registered				Date Received	05/06/2020 9
Report Taken By				Workshop Repairer	
				Total Loss Sub. Reported	
<input type="checkbox"/> Print All Notes					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1092419	Claim No.	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	
<div> <div>Choose File</div> <div>FBE8104G_04052020.PDF</div> </div> <div> <div>Choose File</div> <div>FBE8104G_ID.jpg</div> </div> <div> <div>Choose File</div> <div>DSCN1128.JPG</div> </div> <div> <div>Choose File</div> <div>DSCN1129.JPG</div> </div> <div> <div>Choose File</div> <div>DSCN1130.JPG</div> </div> <div> <div>Choose File</div> <div>DSCN1131.JPG</div> </div>			
<div> <div>Clear</div> <div>SAS</div> <div>NO</div> <div>Normal</div> <div>SAS 2020-6-2</div> </div> <div> <div>Clear</div> <div>NRIC Driving License</div> <div>YES</div> <div>Normal</div> <div>NRIC Driving License 2020-6-2</div> </div> <div> <div>Clear</div> <div>Photos</div> <div>NO</div> <div>Normal</div> <div>Photos 2020-6-2</div> </div> <div> <div>Clear</div> <div>Photos</div> <div>NO</div> <div>Normal</div> <div>Photos 2020-6-2</div> </div> <div> <div>Clear</div> <div>Photos</div> <div>NO</div> <div>Normal</div> <div>Photos 2020-6-2</div> </div> <div> <div>Clear</div> <div>Photos</div> <div>NO</div> <div>Normal</div> <div>Photos 2020-6-2</div> </div>			
<div> <div>Attachment List</div> <div> <div>Attachment</div> <div>Uploaded By/Date</div> <div>Category</div> <div>Urgency</div> <div>Description</div> <div>Msg Sent (CD)</div> </div> </div>			
<div> <div>Video List</div> </div>			

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NAIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5107597192		MUHAMMAD NOOR BIN ALHASSAN	S8441746G	GMC	Third Party	FBEB104G	FBEB104G	16/02/2019	13/09/2020