

NATIONAL Assessment Centre Services. [ver 1 Jan 2009] **NA/20046970**

| | | | |
|---------------------------------|--|------------------------|-------------------------|
| Date In: 5/05/2020 14:54 | Job description | Date & Time Completed | Done by |
| Ref No: NA/200058714 | SAS e-filing | | |
| Veh No: YP 6781D | E-mail (E-filing 3hrs, AIC 2hrs) | | |
| D.O.A: 19/05/2020 04:00 | I-Motor Claims Form | 17/10/2018-2001 | 19/05/2020 16:19 |
| 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/Wksp | | |

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

TP Particulars: Vch No: **GBF 2457Y** 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 ()

General Remarks: ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of reporter.

() 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: ()

NA2002946

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Auditors Comments: ()

Date: ()

| | |
|---|------------|
| 1) AR: Accident Reporting (\$30) | INC (\$10) |
| 2) DA: Damage Assessment (\$100) | \$40/\$45 |
| 3) TP: Towing Fee | \$120 |
| 4) PT: Follow-Through Survey | \$30 |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| 6) TR: Re-inspection | \$73 |
| 7) NI: Idas DA + SMRT Survey | \$160 |
| 8) NTUC Additional Services: | |
| • NS: Courtesy Car / Tpl Allowance | \$3 |
| • N6: Repairs Coordination | \$10 |
| • N7: Post Repair Inspection | \$23 |
| • N8: DV / Collect Excess Coordination | \$3 |
| • TP (NI): TP (NI) INC against INC | \$20 |
| • NI: Idas Mobile | \$0 |

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 willful 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 | 19/05/2020 14:54 |
| Date Of Accident | 19/05/2020 04:00 |
| Exact Location Of Accident | ALONG WEST COAST ROAD |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | YP6731D |
| Insured/Policyholder | |
| Name Of Registered Owner | SASHI KUMAR S/O ASOGAN |
| NRIC No | SXXXX537D |
| Email Address | VENODVIKI143@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-88602606 |
| Alternative Phone No | OTHERS-88602606 |
| Vehicle Particulars | |
| Manufacturer | ISUZU |
| Model | LORRY |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5115465476 |
| Cover Note Number | |
| Driver | |
| Name of Driver | VENOD S/O SUBRAMANIAM |
| NRIC No | SXXXX358H |
| Date Of Birth | 31/07/1990 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/11/2018 |
| Driving Experience | 1 YEAR AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88602606 |
| Fax Number | |
| Contact Number | OTHERS-88602606 |
| Email Address | VENODVIKI143@GMAIL.COM |

| | |
|---|--|
| Address | BLK 693D WOODLANDS AVENUE 6 #06-793 |
| Postcode | 734693 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 | AFTER RAIN |
| Road Surface | WET |

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? | 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) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 | GBF2457Y |
| Vehicle Make/Model/Colour | TOYOTA HIACE |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | IV SIMAN A/L INDIRAN |
| NRIC/Passport Number | SXXXX622A |
| Contact Number | 94393936 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal











Clear

Please Select

NO

Normal

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description |
|---|--|-----------------------|---|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:19 | Photos | | Normal | Photos 2020-5-19 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:19 | Photos | | Normal | Photos 2020-5-19 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:19 | Photos | | Normal | Photos 2020-5-19 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:19 | Photos | | Normal | Photos 2020-5-19 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:19 | Photos | | Normal | Photos 2020-5-19 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:19 | Photos | | Normal | Photos 2020-5-19 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:19 | Photos | | Normal | Photos 2020-5-19 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:19 | Photos | | Normal | Photos 2020-5-19 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:19 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-5-19 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:19 | SAS | | Normal | SAS 2020-5-19 |

Video List

| Uploaded By/Date | Folder Date | File Name | | Source |
|--|-------------|-----------|--|--------|
| <div>Display in New Window</div> <div>Scan and uploading</div> | | | | |

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: 19/05/20

14:35

Reporting Centre Personnel's Signature
Name: Rosli
NRIC/FIN No.: 19/05/2029

SKETCH PLAN

Along West Coast Road

A) YP6731D

B) GBF 2457Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 19th of May 2020, I was driving back home, after work. Along West Coast Rd, I was on the right lane on a 2 lane road. I intended to move to the left lane. So I signalled to my left and

I saw a van which was abit far from my lorry. So I moved into the left lane. Then I heard a sound. I went down to see and found the van front part quite damaged. Especially the driver side door. So I exchanged particulars with the other party and left.

DECLARATION

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



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/05/20
14:35

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

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 05 / 2020) (DD/MM/YYYY), TIME: (04 : 00) (HH:MM)

LOCATION: Along West Coast Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YPG731D
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5115465476
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: 1202V
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: SARAH KUMAR S/O ASOGAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Venod S/o Subramaniam (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9050358H CONTACT: 88602606
c) ADDRESS: _____

* d) DATE OF BIRTH: (31 / 12 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01/01/2018

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) AFRICK RAIN

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G1BF2457Y MODEL: Toyota Hiace
b) DRIVER'S NAME: IV SIMAN A/L INDIRAN
c) NRIC/FIN/PASSPORT: S9073622A CONTACT: 94393936

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Venod viki 143@gmail.com
VIDEO

Claim Handling

Accident MT/1092918

| | | | | | |
|---------------------|----------------------------|---------------------|-------------|----------------------|-----------|
| Policy No. | 5115465476 | Vehicle No. | YP6731D | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | SASHI KUMAR S/O ASOGAN | | | Policyholder NRIC | 58623537D |
| Product Code | COMMERCIAL VEHICLE INSURAN | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | 88602606 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | venodviki143@gmail.com | Special Remark | | eCode | No |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-----------------------|-------------------------------|-------|---------------------|------------|
| Report Date | 19/05/2020 16:14 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 19/05/2020 | Time of Accident hh:mm | 04:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG WEST COAST ROAD | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 0.00 | | |
| OD Standard Excess | 0.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| 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 | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|--------------------|-----------|-----------|
| Address 1 | BLK 688C #09-42 | Address 2 | WOODLANDS DRIVE 75 | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 733688 |
| Unit No. | 09-42 | Related Policy Number | 5117518694 | | |

OI Driver Info

| | | | | | |
|---|-----------------------|---------------------|--------------------|------------------------|-------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | VENOD S/O SUBRAMANIAM | Driver NRIC | SXXXX358H | Driver DOB | 31/12/1990 |
| Register Date of Driver License | 01/11/2018 | Driver Age | 29 | Driving Experience | 1 |
| Contact No.(Mobile) | 88602606 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 693D #09-793 | Address 2 | WOODLANDS AVENUE 6 | Address 3 | ADMIRALTY I |
| Address 4 | SINGAPORE 734693 | Address Type | Foreign address | Post Code | 734693 |
| Unit No. | 09-793 | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | YP6731D | Driver Insurer Company | NTUC |

Declaration

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

Modification History

Claim 001

New

| | | | | | |
|---------------------|-----------------------------------|----------------------------------|------------------------|------------------|------------------|
| Claim Type * | OD-MX | Insured Name | SASHI KUMAR S/O ASOGAN | Insu NRI | |
| Contact No.(Mobile) | 98791003 | Contact No.(Home) | 86227979 | Cont No.(Offi | |
| Email Address | SHASHIKUMAR5180@GMAIL.CO | OI Vehicle Number | YP6731D | TP Vehi Num | |
| Claim Description | YP6731D / GBF2457Y ON 19 May 2020 | | | | Nam Prefi Wor |
| Preferred Workshop | | Insured Liability | Not at Fault | | |
| Repair Option | Preferred | Preferred Workshop, Name unknown | | GIA report | Received |
| Date Registered | | | | 19/05/2020 16:18 | Claim Close Date |
| Report Taken By | ROSLI WAHAB | | | | |

Print AK letter

Save Submit

Attachment

| | | | | | |
|--------------------|----------------|-------------|------------------|-----------|--------|
| Accident No. | MT/1092918 | Claim No. | 001 | | |
| Last Doc. Received | Yes No | Upload Date | 19/05/2020 16:19 | | |
| Path * | | Category * | Confidential | Urgency * | |
| 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 |

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5115465476

Cover : Third Party

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : YP6731D |
| Chassis Number | : JALFVR347G7001315 |
| 2. Name of Policyholder | : SASHI KUMAR S/O ASOGAN |
| 3. Effective Date of Insurance | : 09 Jan 2020 |
| 4. Expiry Date of Insurance | : 27 Jun 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|-----------------------|-------|
| EXCESS (SECTION 1) | : N/A |
| EXCESS (SECTION 2) | : N/A |
| INSURE WITH COE | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : N/A |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : PRO-LINK INSURANCE AGENCY (00000571869)
Date of Issue : 09 Jan 2020 15:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

19/05/2020 14:44

Vehicle No.(For Motor)

YP6731D

Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|--------------------|---------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5115465476 | | SASHI KUMAR S/O ASOGAN | S8623537D | GCV | Third Party | YP6731D | YP6731D | 09/01/2020 | 27/06/2020 |

Continue