

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NA20055789

Date In: 30/06/2020 15:40	Job description	Date & Time Completed	Done by
Ref No: N/A/NA2000683214	SAS e-filing		
Veh No: SJD 15294	E-mail (4 jobs 3hrs, A/C 3hrs)		
DOA: 30/06/2020 09:30	1-Motor Claims Form	ml1095127-001	30/06/2020 16:27
QID: TP Reporting Only	1-Motor W/O (with: OD 3hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKU 5356A	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 repair.
() 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: ()
Location: ()
Witness: ()
Signature: ()

NA2005572	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Assessor's Comments:	For claiming against INC Only (ver 10 Jan 2005)	\$75
Tel: 11	6) TR: Re-inspection	\$160
	7) NI: Idea DA + EMRT Survey	
	8) NFUC Additional Service	
	9) NI: Idea DA	\$3
	10) NI: Courtesy Car / Tpl Allowance	\$10
	11) NI: Repairs Coordination	\$25
	12) NI: Post Repair Inspection	\$3
	13) NI: DV / Collect Excess Coordination	\$20
	14) NI: TP (FAX INC) & release WIG	\$0
	15) NI: Idea Mobile	
	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	30/06/2020 15:40
Date Of Accident	30/06/2020 09:30
Exact Location Of Accident	ALONG PIE TOWARDS CITY (EUNOS FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD7529G
Insured/Policyholder	
Name Of Registered Owner	LUM YEW ONN
NRIC No	SXXXX509I
Email Address	RICHARDLUM2003@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96832240
Alternative Phone No	OTHERS-96832240

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095258179-02
Cover Note Number	

Driver

Name of Driver	LUM YEW ONN
NRIC No	SXXXX509I
Date Of Birth	19/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1993
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96832240
Fax Number	
Contact Number	OTHERS-96832240
EMail Address	RICHARDLUM2003@GMAIL.COM

Address	BLK 766 BEDOK RESERVOIR ROAD #11-241
Postcode	470766
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	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

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/20200630/7007

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	SKU5356A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMC2394E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 LUM YEW ONN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJD7529G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
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: 30/6/20
3.33 pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

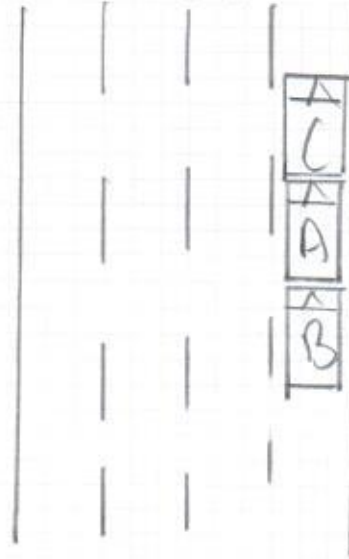
Name:

NRIC/FIN No.:

30/06/2020
Res. Liong

SKETCH PLAN

Pike Towards City (EUMOS FLYOVER)



A) STD 7529G

B) SKU 3356A

C) SMC 3394E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200630/7007

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 30/6/20
3.33pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30/06/2020

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (30/06/20) (DD/MM/YYYY), TIME: (9.30) (HH:MM)

LOCATION: PIE to city

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 7329/G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MITSUBISHI
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: FERRY PASSENGER
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES ☐ NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lim Yew Onn (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6924495 CONTACT: 96852240
 c) ADDRESS: Blk 766 #11-241, Redox Reservoir View S(470766)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Yew Onn (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6924495 CONTACT: 96852240
 c) ADDRESS: Blk 766 #11-241, Redox Reservoir View S(470766)

* d) DATE OF BIRTH: (19/07/1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) ☒ YES ☐ NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NO

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMC 2294E MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMC 3356A MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

email =

VIDEO



**SINGAPORE
POLICE FORCE**



T/20200630/7007

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

1 of 3

Report No. T/20200630/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2020 12:56		Vide Report No.: G/20200630/0087		Station Diary No.:	
Informant's Particulars					
Name of Informant: LUM YEW ONN			Address: APT BLK 766 BEDOK RESERVOIR VIEW #11-241 SINGAPORE 470766		
ID Type / ID No.: NRIC NO / S6924509I			Contact No.: Home/Office: Mobile: 96832240		
Nationality: SINGAPORE CITIZEN			Email: RICHARDLUM2003@YAHOO.COM.SG		
Sex: Male	Age: 50	Date of Birth: 19/07/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FULL TIME GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/06/2020 09:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD7529G	Car (A)	MITSUBISHI	LANCER 1.6 A	Silver	Seriously Damaged	2
SKU5356A	Car (B)				Seriously Damaged	0
SMC2394E	Car (C)				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200630/7007

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

2 of 3

Report No. T/20200630/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD7529G	NTUC Income Insurance Co-Operative Limited	5095258179-02	02/04/2020	01/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LUM YEW ONN		ID No. S6924509I
Related Vehicle	SJD7529G (Car)		Contact No. 96832240
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	30/06/2020		Date Discharge 30/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SJD7529G WAS TRAVELLING STRAIGHT ON LANE 1. THE VEHICLE IN FRONT OF ME SLOW DOWN AND STOP, SO I ALSO SLOW DOWN AND STOP.

SUDDENLY, I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE WHICH CAUSED MY VEHICLE TO PROPEL FORWARD AND COLLIDED WITH THE VEHICLE C IN FRONT OF ME BEARING CAR PLATE SMC2394E.

I STOPPED AND ALIGHTED MY VEHICLE, AND REALIZED VEHICLE B BEARING CAR PLATE SKU5356A HAD COLLIDED ONTO THE REAR OF MY VEHICLE.

AFTER THE ACCIDENT, I FELT PAIN ON MY NECK, SHOULDER AND BACK, SO I WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20200630/7007

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

3 of 3

Report No. T/20200630/7007

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 / TPIB /
SUFIYAN BIN KHAIRI
Contact No.: 65476390

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:
30/06/2020 12:56

Classification Of Case:

Claim Handling

Accident MT/1095727

Policy No.	5095258179-02	Vehicle No.	SJD7529G	GST Registration No.	
Certificate No.					
Policyholder Name	LUM YEW ONN			Policyholder NRIC	56924509E
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	96832240	Contact No.(Office)		Contact No.(Home)	
Email Address	ncharidum2003@gmail.com	Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	30/06/2020 15:37	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	30/06/2020	Time of Accident (Hours)	09:30	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	ALONG PIE TOWARDS CITY (EUNOS FLYOVER)				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
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 766 #11-241	Address 2	BEDOK RESERVOIR VIEW	Address 3	LONGVALE
Address 4	SINGAPORE 470766	Address Type	Singapore address	Post Code	470766
Unit No.	03-16	Related Policy Number	5095258179-02		
OI Driver Info					
Driver Name	LUM YEW ONN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	56924509E	Driver DOB	19/07/1969
Register Date of Driver License	01/01/2000	Driver Age	50	Driving Experience	20
Contact No.(Mobile)	96832240	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 766 #11-241	Address 2	BEDOK RESERVOIR VIEW	Address 3	LONGVALE
Address 4	SINGAPORE 470766	Address Type	Singapore address	Post Code	470766
Unit No.	03-16				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJD7G	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LUM YEW ONN	Insured NRIC	56924509E	
Contact No.(Mobile)	96832240	Contact No. (Home)	67324348	Contact No. (Office)		
Email Address	richardlum2003@yahoo.com.sg	TP Vehicle Number	SJD7529G	TP Vehicle Number	SKU5356A	
Claim Description	SJD7529G ON 30 Jun 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at fault			
Insured No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	30/06/2020 15:35	Date Received	30/06/2020 0	
Report Taken By		Workshop Repairer	RDSLI WAHAB	Total Loss but Repaired		
Print AK letter						
Save Submit						

Attachment

Accident No.	MT/1095727	Claim No.	001					
Last Doc. Received	Yes No	Upload Date	30/06/2020 16:27					
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			
						Send M		
Attachment List								
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)			
NAC_BUKIT_MERAH_800576(NATIONAL ASSESSMENT CENTRE SERVICE		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-30			

S (BUKIT MERAH)) on 30 Jun 2020 16:27

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:27	SAS		Normal	SAS 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:12	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:12	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:12	Photos		Normal	Photos 2020-6-30
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:12	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:12	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:12	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:12	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:12	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:12	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:12	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:11	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:11	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:11	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:11	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:11	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:11	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 16:08	Photos		Normal	Photos 2020-6-30

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

30/06/2020 15:30

Vehicle No.(For Motor)

SJD7529G

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095258179-02		LUM YEOW ONN	S69245091	GPC	Third Party	SJD7529G	SJD7529G	02/04/2020	01/04/2021

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