

NATIONAL Assessment Centre Services.

part 1 Jan 2005

NA2003561

Date In: 06/01/2020 17:17	Job description	Date & Time Completed	Done by
Ref No: NA2003561	SAS e-illing		
Veh No: 48P 6160Z	E-mail (to job site, AIC then)		
DOA: 02/01/2020 21:00	I-Motor Claims Form	ml1096184-ed	06/01/2020 17:47
OD: TP / Reporting Only	I-Motor W/O (Within OD this, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / OW: () Tels: () Fax: ()

TP Particulars: Vch No: SMP 87014 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 ()

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

() 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: _____

NA2003561	1) All: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$10)	
	3) TP: Towing Fee	\$40/\$45	
Driver/Owner:	4) PF: Follow-Through Survey	\$110	
Contact No:	5) PF: Follow-Through Survey (Resurvey)	\$30	
Damage Portion:	6) TR: Re-inspection	\$75	
	7) NI: Idan DA + EMRT Survey	\$160	
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:		
	ON:		
	*NI: Courtesy Car / Tpl Allowance	\$3	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NI: DV / Collect Excess Coordination	\$3	
	TE (NI) / YP (SW INC) against INC	\$20	
	9) NI: Idan Mobile	\$0	
Sub: P	Invoice dated	Fee Charged	
1/2/20	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	06/07/2020 17:17
Date Of Accident	02/07/2020 21:00
Exact Location Of Accident	COMMONWEALTH AVENUE TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6160Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD HELMY BIN SABAR
NRIC No	SXXXX663I
Email Address	HELMY.SPARK@GMAIL.COM
Mobile Phone No.	(LOCAL) +65-93208369
Alternative Phone No	OTHERS-93208369
Vehicle Particulars	
Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5117326141
Cover Note Number	

Driver

Name of Driver	MOHAMAD HELMY BIN SABAR
NRIC No	SXXXX663I
Date Of Birth	19/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2010
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93208369
Fax Number	
Contact Number	OTHERS-93208369
Email Address	HELMY.SPARK@GMAIL.COM

Address	BLK 187 BOON LAY AVENUE #16-56
Postcode	640187
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 - HEAD TO REAR
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?	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	SMP8701U
Vehicle Make/Model/Colour	CITROEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEW TONG SENG
NRIC/Passport Number	SXXXX420G
Contact Number	84912883
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMAD HELMY BIN SABAR
------	-------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

FBP6160Z

NO

SKETCH PLAN

IMPORTANT NOTICE

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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: 06/07/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

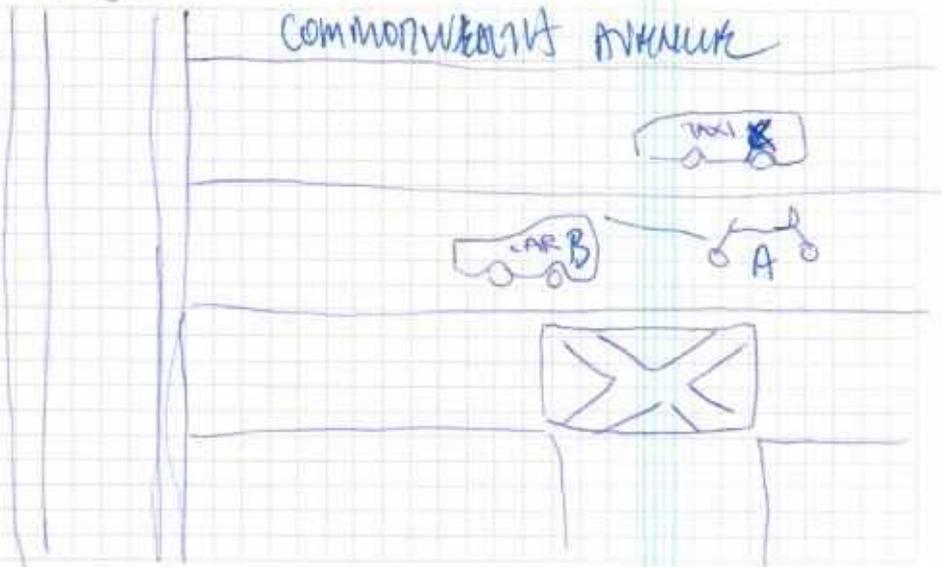
SKETCH PLAN

TRAFFIC LIGHT

COMMONWEALTH AVENUE

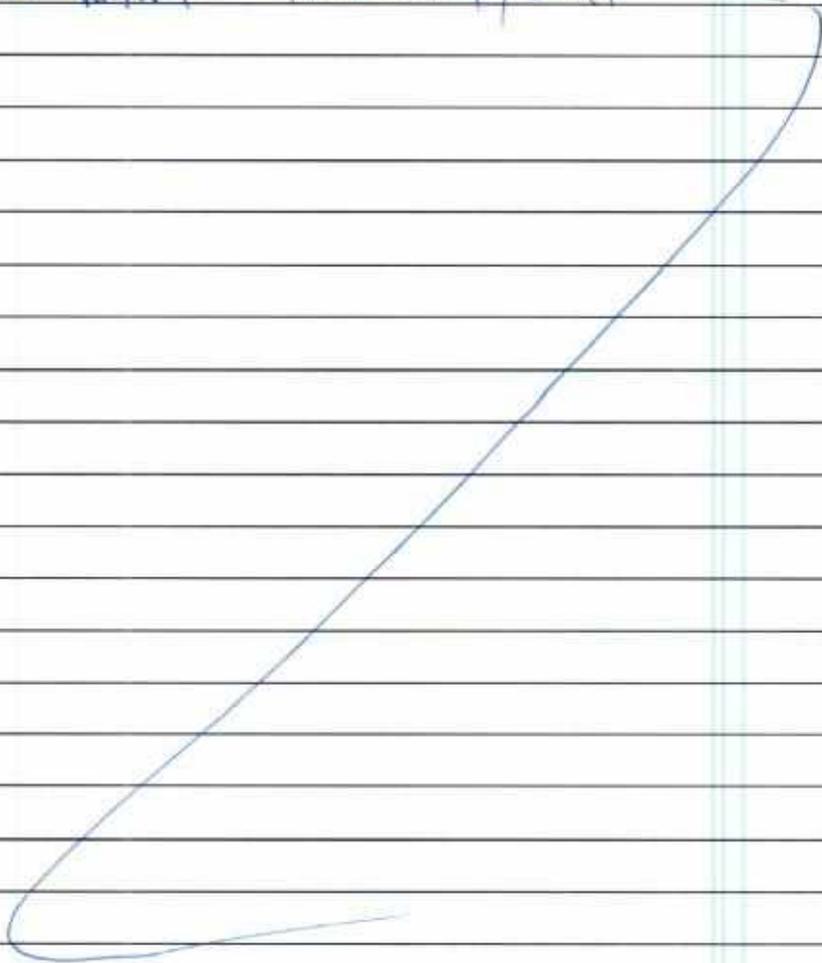
A) FBP 6160Z

B) SMP 8701U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report. 1/20200704/2041



DECLARATION

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


 Policyholder's Signature
 Date & Time: 06/07/2020

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 07 / 2020) (DD/MM/YYYY), TIME: (21 : 00) (HH:MM)

LOCATION: COMMONWEALTH AVENUE HEADING ALEXANDRA ROAD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 6160Z
- b) INSURANCE COMPANY: HTUC INCOME
- c) POLICY NUMBER: 5117326141
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: YAMAHA / NEROK 195A GDR 195A
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
- 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: MOHAMMAD HELMIY BIN SABAR (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S8117663I CONTACT: 93208369
- C) ADDRESS: BLK 187 BOON LAY AVENUE #16-46
SINGAPORE 610187

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEW TONG SENG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8414420G CONTACT: 84912883
- c) ADDRESS: _____

*d) DATE OF BIRTH: (27 / 05 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14.02.2003

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP 8701 U MODEL: CITROEN
- b) DRIVER'S NAME: LEW TONG SENG
- c) NRIC/FIN/PASSPORT: S8414420G CONTACT: 84912883

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = HELMIY.SPARK@GMAIL.COM
VIDEO



Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2020 13:36	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: MOHAMAD HELMY BIN SABAR		Address: APT BLK 187 BOON LAY AVENUE #16-56 SINGAPORE 640187	
ID Type / ID No.: NRIC NO / S8117663I		Contact No.: Home/Office: Mobile: 93208369	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 19/06/1981	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: DELIVERY RIDER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2020 21:00	Type of Location: Straight Road
Location: Along Road 1 COMMONWEALTH AVENUE Commonwealth Ave heading towards Alexandra Road, After the bus stop of 7 Commonwealth Ave, traffic light junction before Petrol Kiosk				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6160Z	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red		0
SMP8701U	Car	CITROEN	C4 PICASSO 1.6 BLUEHDI EAT6	Blue		1



Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP6160Z	NTUC Income Insurance Co-Operative Limited	5117326141	09/05/2020	08/05/2021

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	MOHAMAD HELMY BIN SABAR		ID No.	S8117663I	
Related Vehicle	FBP6160Z (Motorcycle)		Contact No.	93208369	
Hospital/Clinic	PIONEER POLYCLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	03/07/2020	Date Discharge	NIL		
No. of Days granted Medical Leave	02	Degree of Injury	NIL		
Driver					
Name	LEW TONG SENG		ID No.	S8414420G	
Related Vehicle	SMP8701U (Car)		Contact No.	84912883	
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 the 02/07/2020 at around 2100hrs, I was delivering food from Foodpanda. I had collected the food from Star vista and was heading towards Commonwealth Drive. I was riding my motorcycle FBP6160Z along Commonwealth Ave. I was on the middle lane of the 3 lane road. After the junction of Holland Ave and Commonwealth Ave, I was still in the middle lane. The traffic light after the bus stop started to turn amber. The car(SMP8701U) in front of me slowed down and stopped but I was not able to slow down in time. I wanted to cut into the first lane however there was a taxi which was too close to the divider line. Subsequently, I crashed onto the back portion of the car. The driver of the car then came out and attended to me. Subsequently, the ambulance and police arrived. The ambulance did a check on me but I declined to be conveyed to the hospital. I then exchanged particulars with the driver and he left the location. My motorcycle was towed to the workshop at Jalan Bukit Merah.

I wish to state that I seeked treatment at Pioneer polyclinic and I was given 2 days mc. I have abrasions on my right knee and swelling on the fourth toe on my right leg.



**SINGAPORE
POLICE FORCE**



T/20200704/2041

3 of 4

Report No. T/20200704/2041

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200704/2041

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

4 of 4

Report No. T/20200704/2041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
D /
Sgt 1 SURENDDHARAN S/O PURANA
CHANDRAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/07/2020 13:36

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No: 65476486

Classification Of Case:

Authentication Stamp
NP168

SN 50

SIGNATURE

Claim Handling

Accident MY/1096184

Policy No.	0117326141	Vehicle No.	FRP61602	GST Registration No.	
Certificate No.				Policyholder NRIC	S8117563
Policyholder Name	MOHAMAD HELMY BIN SABAR	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contract No. (Mobile)	93208369	Special Remark		eCode	00
Email Address		TCA	No Yes	eCode Reason	
KFR	No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	06/07/2020 17:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/07/2020	Time of Accident (Hr:Min)	21:00	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	COMMONWEALTH AVENUE TOWARDS ALEXANDRA ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
GD Standard Excess	0.00	TP Standard Excess	0.00		
YIED GD Excess	0.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total GD Excess Applicable	0.00				

Benefits

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

Policyholder Mailing Address

Address 1	BLK 187 #01-55	Address 2	BOON LAY AVENUE	Address 3	SINGAPORE 640187
Address 4		Address Type	Singapore address	Post Code	640187
Unit No.	18-55	Related Policy Number	0117326141		

GI Driver Info

Driver Name	MOHAMAD HELMY BIN SABAR	Driver Type	Main Driver	Driver DOB	19/06/1981
Unnamed driver Name		Driver NRIC	S8117563	Driving Experience	10
Register Date of Driver License	14/04/2010	Driver Age	39	Contact No. (Home)	
Contact No. (Mobile)	93208369	Contact No. (Office)		Address 3	SINGAPORE 640187
Address 1	BLK 187 #18-55	Address 2	BOON LAY AVENUE	Post Code	640187
Address 4		Address Type	Singapore address		
Unit No.	18-55			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FRP61602		

Declaration:					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 **Now**

Claim Type *	DD-NY	Insured Name	MOHAMAD HELMY BIN SABAR	Insured NRIC	S8117563
Contact No. (Mobile)	93208369	Contact No. (Home)		Contact No. (Office)	
Email Address	HELMY.SPARK@GMAIL.COM	TP Vehicle Number	FRP61602	Vehicle Number	SHR9701U
Claim Description	FRP61602 / SHR9701U On 2 Jul 2020				
Preferred Workshop	Insured Liability	Fully at Fault	QIA report	Received	
Report Taken By	06/07/2020 17:45	Claim Close Date		Date Received	06/07/2020 00
	ROSLI WAHAB				

Attachment

Accident No.	MY/1096184	Claim No.	001												
Last Doc. Received	Yes No	Upload Date	06/07/2020 17:47												
Path *		Category *													
Choose File	No file chosen	Clear	Please Select												
Choose File	No file chosen	Clear	Please Select												
Choose File	No file chosen	Clear	Please Select												
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Attachment List	<table border="1"> <thead> <tr> <th>Attachment</th> <th>Uploaded By/Date</th> <th>Category</th> <th>Urgency</th> <th>Description</th> <th>Reg Sent? (CD)</th> </tr> </thead> <tbody> <tr> <td>NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 06 Jul 2020 17:47</td> <td></td> <td>Photos</td> <td>Normal</td> <td>Photos 2020-7-6</td> <td></td> </tr> </tbody> </table>			Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sent? (CD)	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 06 Jul 2020 17:47		Photos	Normal	Photos 2020-7-6	
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jul 2020 17:45	NRIC/ Driving License	Y	Normal NRIC/ Driving License 2020-7-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jul 2020 17:45	SAS	Normal	SAS 2020-7-6

Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#) [Scan and uploading](#)

Hello, NAC_BUKIT_MERAH_800676

[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 NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117326141		MOHAMAD HELMY BIN SABAR	S8117663I	GMC	Third Party, Fire & Theft	FBP6160Z	FBP6160Z	09/05/2020	08/05/2021