NATIONAL Assessment Centre Services. MMA Y20068390

Date In: 18/08/2020 19:21	Job description	Date & Time Completed	Done by
Ref No: NB91 IMC20008354/Y	SAS e-filing		
Veh No: FBN 7749U	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A 10/08/2020 22:35	I-Motor Claim Form	MTM099713-001	18/08/2020 19:49
OD / (TP) / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SMD 9298Z 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

MA2004158

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($10)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$100		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2010)	$75		
6) TI : Re-Inspection	$160		
7) NI : Max DA + SMRT Survey			
8) NTUC Additional Services-			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$20		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$30		
9) N12: Max Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA420068390 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 12/08/2020 19:21
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/08/2020 19:43

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	12/08/2020 19:21
Date Of Accident	10/08/2020 22:30
Exact Location Of Accident	NORTH BUONA VISTA RD TOWARDS DOVER RD(LP:69)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1749U
Insured/Policyholder	
Name Of Registered Owner	HARDY JUNADY BIN ISHAK
NRIC No	SXXXX960H
Email Address	DARUL_HAKIM89@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88174317
Alternative Phone No	OFFICE-88176137
Vehicle Particulars	
Manufacturer	HONDA
Model	CB190X-184CC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5102738504-02
Cover Note Number	
Driver	
Name of Driver	MOHAMED DARUL HAKIM BIN MOHAMED ALI
NRIC No	SXXXX817Z
Date Of Birth	21/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88176137
Fax Number	
Contact Number	OFFICE-88174317
EMail Address	DARUL_HAKIM89@HOTMAIL.COM

Address	BLK 315 UBI AVENUE 1 #06-411
Postcode	400315
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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)	2
Passenger 1	NAME: : NURUL SYAKIRA BINTE AZMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 3 DOVER ROAD , **POSTCODE**: 130003 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7788999 - **FAX NO**: 67762859
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200811/2070

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 Witness 1

Name	MICHELE
Phone Number	82202234
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD9298Z
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	CHEN LAI KENG
NRIC/Passport Number	SXXXX467E
Contact Number	91733226
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	MOHAMED DARUL HAKIM BIN MOHAMED ALI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBN1749U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NURUL SYAKIRA BINTE AZMAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBN1749U
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.

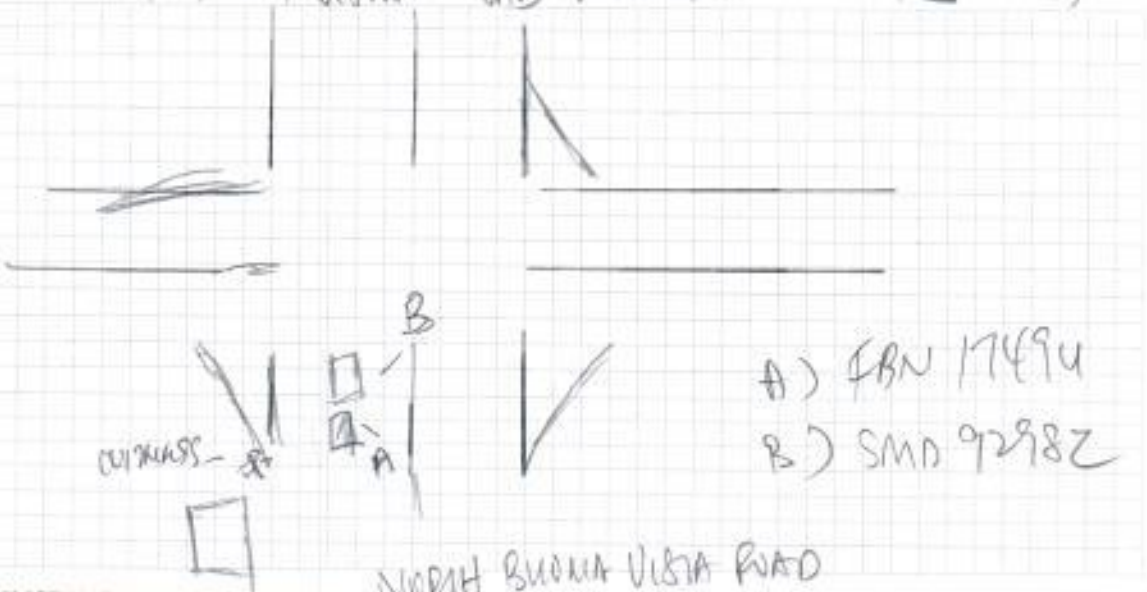
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 12-8-2020	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 12/08/2020

SKETCH PLAN NORTH BUONA VISTA ROAD TOWARDS DOVER ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200811/2070

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:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
	12-8-2020	12/08/2020

ACCIDENT STATEMENT

ACCIDENT DATE:(10 / 08 / 2020)(DD/MM/YYYY), TIME:(22 : 30)(HH:MM)

LOCATION: North Bugna vista Road

1. DETAILS OF VEHICLE
   a)VEHICLE NUMBER: FBN 1749 U
   b)INSURANCE COMPANY: NTUC
   c)POLICY NUMBER: 5102738504-02
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL: Honda / C B
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: Going back home
   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: Mohd Darul Hakim Bin Mohd Aliz (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: S9923817Z CONTACT: 88174317
   c)ADDRESS: Block 315 Ubi Ave 1 #06-94 S 400315

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (2)

DRIVER
   a)NAME: Nurul Syafiqa Binte Azman (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: T0215840C CONTACT: 88176137
   c)ADDRESS: Block 4 Power Road #11-380 S 380004
   *d)DATE OF BIRTH: (27 / 03 / 2002)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)DATE OF DRIVING PASS 06/09/2008
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: Power police station
8. THIRD PARTY VEHICLE

* No of passenger (including driver) ( )

   a) VEHICLE NUMBER: SMP 9298Z MODEL: ELANTRA
   b) DRIVER'S NAME: CHEN LAP HENG
   c) NRIC/FIN/PASSPORT: S 168 4467 E CONTACT: (AXA)
9. THIRD PARTY VEHICLE

* No of passenger (including driver) ( )

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

email = darul_hakim89@hotmail.com

VIDEO

WITNESS: MICHAEL SD2022Y

SINGAPORE POLICE FORCE

T/20200811/2070

Report No. T/20200811/2070

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/08/2020 14:47	D/20200810/0120	12

Informant's Particulars

Name of Informant:			Address:
MOHAMED DARUL HAKIM BIN MOHAMED ALI			APT BLK 315 UBI AVENUE 1 #06-411 SINGAPORE 400315
ID Type / ID No.:			Contact No.:
NRIC NO / S8923817Z			Home/Office: Mobile: 88174317
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	31	21/07/1989	Rider
Race:			Language: / Institution / School Name:
Malay			
Occupation:			Driving Licence Information:
Mover			Class: 2B Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Attended by Police	No	10/08/2020 22:30	X-Junction

Location:
Junction of Road 1 and Road 2
NORTH BUONA VISTA ROAD

Junction of North Buona Vista Road going towards Dover Rd
Lamp Post Number: 69

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Traffic Light - Working	Moderate
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1749U	Motorcycle				Seriously Damaged	1
SMD9298Z	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20200811/2070

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

CONTINUATION OF REPORT

Pillion					
Name	NURUL SYAKIRA BINTE AZMAN			ID No.	T0215640C
Related Vehicle	FBN1749U (Motorcycle)			Contact No.	88176137
Hospital/Clinic	NUHEALTH MEDICAL CENTRE			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/08/2020		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious	
Rider					
Name	MOHAMED DARUL HAKIM BIN MOHAMED ALI			ID No.	S8923817Z
Related Vehicle	FBN1749U (Motorcycle)			Contact No.	88174317
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight	
Driver					
Name	CHEN LAI KENG			ID No.	S1684467E
Related Vehicle	SMD9298Z (Car)			Contact No.	91733226
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 10/08/2020hrs at about 2230hrs, I was riding along North Buona Vista Road going towards Dover Road at the 3rd lane from the right of 4 lane. Upon reaching the junction of North Buona Vista road, the traffic light turns green. Assuming the vehicle SMD9298Z will move off. Subsequently I discovered that the vehicle SMD9298Z is not moving, I jam my brake and could not stop in time and collided onto the rear of vehicle SMD9298Z. My fiance that was my pillion then fell off from my bike. Subsequently 2 passerby from the Bus stop beside came and assisted and also 2 Motorbike stopped and assisted. Subsequently, the driver of SMD9298Z came out and spoke in mandarin which I don't understand and I just told her to wait for Traffic police to come. I then spoke to one of the passerby as she had witness everything and she also gave me her number HP: 82202234 and name : Michele. Traffic police and ambulance came and made a check on us. My Fiance was conveyed to NUH. Traffic police then took over my Camera SD Card.

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20200811/2070

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20200811/2070

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 2 KELVIN LAUW JIA MING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2020 14:47
Officer In Charge Of Case: TP / GIT / Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066	Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Claim Handling

Accident MT/1099713

Policy No.	51027385S4-02	Vehicle No.	FBN1749U	GST Registration No.	
Certificate No.					
Policyholder Name	HARDY JUNADY BIN ISHAK			Policyholder NRIC	S8327960H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	88176517	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	12/08/2020 19:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/08/2020	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NORTH BUONA VISTA RD TOWARDS DOVER RD(LP 49)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not 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	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	51027385S4-02		

OD Driver Info

Driver Name	MOHAMED DANIAL HAKIM BIN MOHAMED ALI	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8928172	Driver DOB	21/07/1989
Register Date of Driver License	06/09/2008	Driver Age	31	Driving Experience	11
Contact No.(Mobile)	88176127	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign Address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBN1749U	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	HARDY JUNADY BIN ISHAK	Insured NRIC	S8327960H
Contact No.(Mobile)	87951221	Contact No.(Home)		Contact No.(Office)	
Email Address	HARDLY_JUNADY@HOTMAIL.CO	OI Vehicle Number	FBN1749U	TP Vehicle Number	SMD3296Z
Claim Description	FBN1749U / SMD3296Z ON 10 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Release for Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name Unknown	GIA report	Received
Date Registered	12/08/2020 19:47	Claim Close Date		Date Received	12/08/2020 00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1099713	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	12/08/2020 19:49

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 Mail

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_000576(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Aug 2020 19:48	Photos		Normal	Photos 2020-8-12	

				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:49	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:48	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:48	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:48	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:48	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:48	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:48	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	Photos	Normal	Photos 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Aug 2020 19:47	SAS	Normal	SAS 2020-8-12

Video List

Uploaded By/Date	Folder Date	File Name	Source

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Policy Query

Policy No.

Date of Accident: 10/08/2020 14:36

Vehicle No.(For Motor): FBN1749U

Certificate Number

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Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5102738504-02		HARDY JUNAIDY BIN ISHAK	S9337960H	GMC	Third Party, Fire & Theft	FBN1749U	FBN1749U	27/07/2020	26/07/2021

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