

# NATIONAL Assessment Centre Services.

Just 1 Jan 2001

NA20072523

Date In: 24/08/2020 18:14	Job description	Date & Time Completed	Done by
Ref No: NBB7200089114	SAS e-illing		
Veh No: PBR 4806Z	E-mail (by date time, AIC time)		
D.O.A: 21/08/2020 18:15	I-Motor Claims Form	M1/100905-002	24/08/2020 18:15
OD: TP: Reporting Only	I-Motor W/O (With/In: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 2CB 2398Z	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: \_\_\_\_\_

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

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

NA20072523	1) AIC: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$10)	
	3) TP: Towing Fee \$40/45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2002)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + EMRT Survey \$160	
	8) NTUC Additional Service	
	ON:	
	• NI: Courtesy Car / Tpl Allowance 35	
	• NI: Repair Coordination 10	
	• NI: Post Repair Inspection 25	
	• NI: DV / Collect Excess Coordination 35	
	TP (NI) / TP (Non INC) against 415 30	
	9) NI: Idas 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	24/08/2020 18:14
Date Of Accident	21/08/2020 18:15
Exact Location Of Accident	AYE TOWARDS MCE 4KM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR4866Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR SHAKIRIN BINTE SABTU
NRIC No	SXXXX792B
Email Address	ALFREANOSHAFREANO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87485787
Alternative Phone No	OTHERS-87485787
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	MT-15-155CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5118299787
Cover Note Number	
<b>Driver</b>	
Name of Driver	NUR SHAKIRIN BINTE SABTU
NRIC No	SXXXX792B
Date Of Birth	30/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2020
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-87485787
Fax Number	
Contact Number	OTHERS-87485787
Email Address	ALFREANOSHAFREANO@GMAIL.COM

Address	BLK 224 ANG MO KIO AVENUE 1 #11-537
Postcode	560224
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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	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 POLICE REPORT T/20200824/2044

#### 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	SKB2398Z
Vehicle Make/Model/Colour	HYUNDAI
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	NUR SHAKIRIN BINTE SABTU
------	--------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBR4866Z
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.

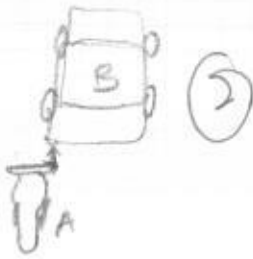
  
Policyholder's Signature  
Date & Time: 24/08/20  
1635hrs

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

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

SKETCH PLAN

A/E TOWARDS MCE 4km



A) FR 4866Z

B) SKB 2358Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200824/2024

DECLARATION

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

Policyholder's Signature

Date & Time: 24/08/2020  
1635ms

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/08/2020

Roller [Signature]



# ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 08 / 2020) (DD/MM/YYYY), TIME: (1800) (HH:MM)

LOCATION: AYE towards MCE 4km

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 48662  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MTIS YAMAHA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORT  
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: NUR SHAKIRIN BINTE SABTU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9416792B CONTACT: 8748 5787  
c) ADDRESS: BIK 224, ANG MO KIO AVE 1 #11-537  
S(560224)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: CHOA CHU KANG

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKB 23982 MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

Email = alfreano shafreano@gmail.com

VIDEO



# SINGAPORE POLICE FORCE



T/20200824/2044

1 of 3

Report No. T/20200824/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/08/2020 12:38	Vide Report No.:	Station Diary No.: 58
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**Informant's Particulars**

Name of Informant: NUR SHAKIRIN BINTE SABTU			Address: APT BLK 224 ANG MO KIO AVENUE 1 #11-537 SINGAPORE 560224		
ID Type / ID No.: NRIC NO / S9416792B			Contact No.: Home/Office: Mobile: 87485787		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 26	Date of Birth: 30/04/1994	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/08/2020 18:15	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
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
FBR4866Z	Motorcycle	YAMAHA	MT15 MANUAL	Black	Slightly Damaged	0
SKB2398Z	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR4866Z	NTUC Income Insurance Co-Operative Limited	5118299787	20/07/2020	19/07/2021





# SINGAPORE POLICE FORCE



T/20200824/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

2 of 3

Report No. T/20200824/2044

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR SHAKIRIN BINTE SABTU	ID No.	S9416792B
Related Vehicle	FBR4866Z (Motorcycle)	Contact No.	87485787
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	21/08/2020	Date Discharge	23/08/2020
No. of Days granted Medical Leave	16	Degree of Injury	Slight

### Brief Details.

On the 21st August 2020 at about 1815hrs, I was travelling at lane 3 of Ayer Rajah Expressway towards MCE and nearing 4 KM. The traffic was slow as it was congested thus vehicles were inching forward slowly. I was riding my vehicle behind the stated car which was a dark colored sedan Hyundai car. While I was inching forward, the stated vehicle suddenly braked. I tried to brake and avoid the rear of the car by moving to the left but my right handlebar hit its left rear boot area. I then fell with the bike to the my right. The car stopped and the driver came out to check on me. I was conscious and a SPF vehicle happened to be at scene. Ambulance came and they conveyed me to SGH. I suffered some abrasions on my right arm and leg. I was given 16 days mc. My motorcycle's right side mirror was broken, there are scratches and dents on the right side of the motorcycle. The total estimated cost of repair is \$500/-.



**SINGAPORE  
POLICE FORCE**



T/20200824/2044

3 of 3

Report No. T/20200824/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**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:

J /

Sr Staff Sgt MUHAMMAD FIRDAUS BIN  
SAPARUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Signature Of Informant:

Date/Time:

24/08/2020 12:38

Classification Of Case:

Authentication Stamp

NP168

**Inpatient Discharge Summary**

Patient Particulars		Admission Information	
Name:	NUR SHAKIRIN BINTE SABTU	Admission Date:	21 Aug 2020
MRN:	S9416792B	Clinical Discharge Date:	23-Aug-2020
	Gender: Female	Clinical Discharge Type:	Planned Discharge
Date of Birth:	30 Apr 1994	Length of Stay:	2 day(s)
Address:	Blk/Hse:224,Level/Unit:11-537 ANG MO KIO AVENUE 1 . Singapore 560224	Account:	6720354185A
		Principal Doctor:	Chung Yaw Fui Alexander (05493C)
		Dept/Location/Class:	SUR / W57-0024-08 / CLASS C

**Patient's Copy**

Diagnosis	
Principal:	Motor vehicle nontraffic accident involving collision, not on public highway, between motor vehicle, except off-road motor vehicle, and animal, with minor right flank, right arm and right leg abrasions, no fracture
Secondary:	

Drug Allergy Data
PENICILLINS (22 Apr 2015)

Medication Prescribed
DISCHARGE MEDICATION(S):
- Tetracycline HCl 3% Ointment Topical 1 application, BD -- For 14 Days
- OMEprazole Capsule PO 20 mg, BD -- For 5 Days
- Etoricoxib Tablet PO 60 mg, BD -- For 5 Days
- ANArex Tablet [Paracetamol 450mg, Orphenadrine 35mg] PO 2 tablet, TDS -- For 10 Days


Care Plan
For police case TCU HPB Prof A Chung open date NFU OTO

Completed By: Gill David James (P2175D) 23 Aug 2020 11:08  
Printed By: Gill David James (Doctor) 23-Aug-2020 11:08

ORIGINAL

## MEDICAL CERTIFICATE

SUR2020246941

Name NUR SHAKIRIN BINTE SABTU		NRIC No. S9416792B
This is to certify that the above-named is unfit for duty for a period of <u>16</u> days from <u>21-Aug-2020</u> to <u>05-Sep-2020</u> inclusive.		
Type of medical leave granted : <input checked="" type="checkbox"/> Hospitalization Leave Admitted on : <u>21-Aug-2020</u> Discharged on : <u>23-Aug-2020</u> <input type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave. <input type="checkbox"/> Sterilization Leave.		
Delivered on : _____ Operated on : _____		
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u>		to <u>N.A.</u>
Time Chit: Time in <u>N.A.</u>		Time out <u>N.A.</u>
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic General Surgery Singapore General Hospital	Ward No. W57 Date 23-Aug-2020	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  GILL DAVID JAMES , P2175D

## Claim Handling

Accident MT/1100905

Policy No.	5118299787	Vehicle No.	FBR4866Z	GST Registration No.	
Certificate No.					
Policyholder Name	MUR SHAKIRIN BINTE SABTU			Policyholder NRIC	59416792B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TGA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	24/08/2020 14:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/08/2020	Time of Accident (hh:mm)	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	A1-E TOWARDS MCE (4KM)				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 224 #11-537	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGAPORE 360224
Address 4		Address Type	Singapore address	Post Code	360224
Unit No.	11-537	Related Policy Number	5118299787		
<b>01 Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 **New**

Claim Type *	OD-MR	Insured Name	NUR SHAKIRIN BINTE SABTU	Insured NRIC	59416792B
Contact No.(Mobile)	87485787	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		Q1 Vehicle Number	FBR4866Z	TP Vehicle Number	SKB23982
Claim Description	FBR4866Z / SKB23982 ON 21 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GSA report	Received
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	24/08/2020 00:00
Report Taken By					

Print A/L letter

Save Submit

## Attachment

Accident No.	MT/1100905	Claim No.	002		
Last Doc. Received	Yes No	upload Date	24/08/2020 18:42		
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
Choose File	No file chosen	Clear	Please Select	NO	Normal

Send Net

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Aug 2020 18:42	Photos	Normal	Photos 2020-8-24	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Aug 2020 18:42	Photos	Normal	Photos 2020-8-24	



Video List

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2020 18:42

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2020 18:42

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2020 18:41

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2020 18:41

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2020 18:41

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2020 18:41

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NRIC/ Driving License	Y	NRIC/ Driving License 2020-8-24
SAS	Normal	SAS 2020-8-24

Uploaded By/Date

Folder Date

File Name

Source

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## 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 checked="" type="radio"/>	5118299787		NUR SHAKIRIN BINTE SABTU	S9416792B	GMC	Third Party, Fire & Theft	FBR4866Z	FBR4866Z	20/07/2020	19/07/2021