

# NATIONAL Assessment Centre Services. [ver 1 Jan 2005] MAY 2007 4881

Date In: 31/08/2007 16:29	Job description	Date & Time Completed	Done by
Ref No: N/A/NC000935/4	SAS e-illing		
Veh No: FBR 315 P	E-mail (5 jobs this, 100 jobs)		
D.O.A: 30/08/2007 17:20	I-Motor Claims Form	MM/1101798-001	31/08/2007 16:47
OD: TP / Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vikar		

Preferred Wkep / INC Assgn Wkep / OW: (	Tel:	Fax:
TP Particulars:	Veh No: SLK 533L	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 Refor 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 > \$9000] ( )		

Injury: \_\_\_\_\_

Date: \_\_\_\_\_

Driver/Owner:	1) AIR: Accident Reporting (330)	
	2) DA: Damage Assessment (5100) INC (510)	
Contact No:	3) TP: Towing Fee	\$40/\$45
	4) PT: Follow-Through Survey	\$110
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$25
QC Checked by (Engr-In-Charge):	7) NI: Idea DA + SMRT Survey	\$160
	8) NIUC Additional Services	
Auditors Comments:	ON:	
	• NI: Courtesy Car / Tpl Allowance	\$3
Total:	• NI: Repair Coordination	\$10
	• NI: Post Repair Inspection	\$25
	• NI: DV / Collect Documents Coordination	\$3
	• TP (NI) / TP (Non INC) against INC	\$10
	• NI: Idea Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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	31/08/2020 16:20
Date Of Accident	30/08/2020 17:20
Exact Location Of Accident	ALONG ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR3115P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAMEN ANG KAI YANG
NRIC No	SXXXX911G
Email Address	CAMENANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91441689
Alternative Phone No	OTHERS-91441689

### Vehicle Particulars

Manufacturer	HONDA
Model	ADV150-149CC ABS CVT
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	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	5117365942
Cover Note Number	

### Driver

Name of Driver	CAMEN ANG KAI YANG
NRIC No	SXXXX911G
Date Of Birth	17/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91441689
Fax Number	
Contact Number	OTHERS-91441689
Email Address	CAMENANG@HOTMAIL.COM

Address	BLK 157 YUNG LOH ROAD #10-36
Postcode	610157
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 - MAJOR/MINOR RD
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200831/2057

#### 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	SLK5331L
Vehicle Make/Model/Colour	HONDA HRV
Details Of Properties:	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHANG JIE
NRIC/Passport Number	SXXXX289E
Contact Number	98345784
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

**DETAILS OF INJURED PERSON 1**

Name

CAMEN ANG KAI YANG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBR3115P

Were seat belts worn?

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: 31/08/20

14:50

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

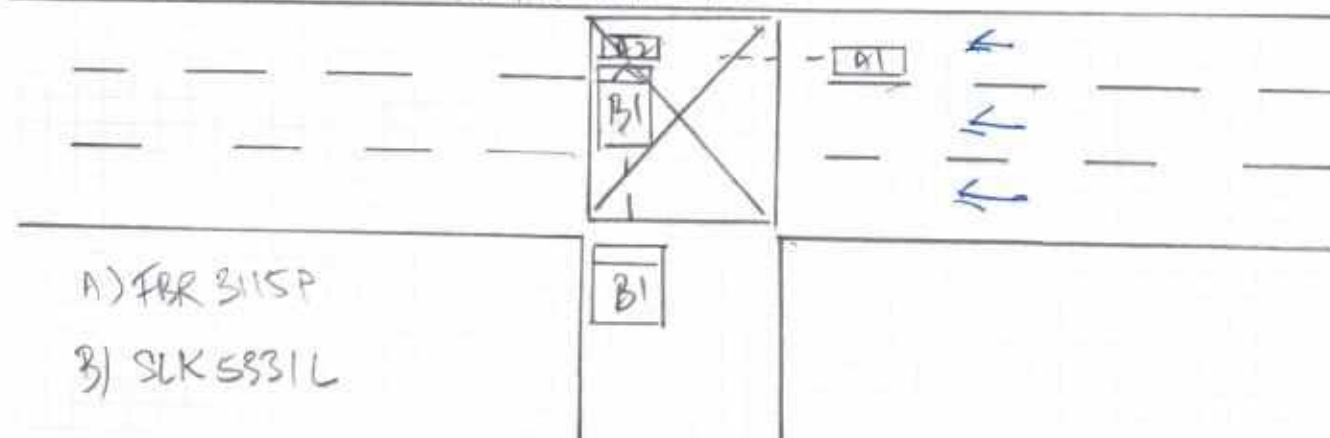
Name:

NRIC/FIN No.:



SKETCH PLAN

ALEXANDRA ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200831/2057.

DECLARATION

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

Policyholder's Signature

Date & Time: 31/08/20  
14:50

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

31/08/2020

Robi M. Hossain

# ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 08 / 2020) (DD/MM/YYYY), TIME: (17 : 20) (HH:MM)

LOCATION: Alexandria Road.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR3115P  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5117365942  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA ADV 150  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: ~~work~~ commuting work Pt.  
 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: CAMER ANG KAI YAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S89239117 CONTACT: 91441659  
 c) ADDRESS: 61K 157 Yung Lok Road #10-36

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

## DRIVER

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

\* d) DATE OF BIRTH: (12 / 07 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22/12/2015

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: Queenstown NPL

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK 5331L MODEL: HONDA VIZAL  
 b) DRIVER'S NAME: Gan Chang Jie  
 c) NRIC/FIN/PASSPORT: 920289e CONTACT: 98345184

## 9. THIRD PARTY VEHICLE

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

Email = camerang@hotmail.com

VIDEO





# SINGAPORE POLICE FORCE



T/20200831/2057

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20200831/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/08/2020 14:26	Vide Report No.:	Station Diary No.: 43
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: CAMEN ANG KAI YANG			Address: APT BLK 157 YUNG LOH ROAD #10-36 SINGAPORE 610157		
ID Type / ID No.: NRIC NO / S8923911G			Contact No.: Home/Office: Mobile: 91441689		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 17/07/1989	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONTROLLER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2020 17:20	Type of Location: Straight Road
Location:  ALEXANDRA ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR3115P	Motorcycle	HONDA	ADV150 ABS CVT	Red	Slightly Damaged	0
SLK5331L	Car	HONDA	HRV 1.5 LX CVT	Blue	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR3115P	NTUC Income Insurance Co-Operative Limited	5117365942	02/05/2020	01/05/2021





Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20200831/2057

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	CAMEN ANG KAI YANG	ID No.	S8923911G
Related Vehicle	FBR3115P (Motorcycle)	Contact No.	91441689
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/08/2020	Date Discharge	31/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	GOH CHANG JIE	ID No.	S9301289E
Related Vehicle	SLK5331L (Car)	Contact No.	98345784
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 30/08/2020, at about 5.20pm, I was riding my motorcycle along Alexandra Road towards AYE, on the first lane. At near Hort Park junction, I noticed that the traffic light was green hence I continued riding forward, when a car came from my left coming into my lane. I tried to brake but did not manage to brake on time and the car hit onto the left rear side of my motorcycle. I lost balance then I let go of my motorcycle and it fell to the ground. We then exchanged particulars and checked on the damages. There was a crack in the right bumper of the car. My motorcycle damages are left suspension misaligned, air filter cover scratches and the motorcycle body have scratches. After exchanging particulars, we waited for my insurance company to come to assess the accident, then we left the location. Later that night, I felt pain in my head and back area hence went to National University Hospital to have a check up. The doctor informed that there was a sprain in my neck area and I was given 3 days medical leave from 31/08/2020 onwards. I remembered that there is a in-car camera in the car that hit me.



**SINGAPORE  
POLICE FORCE**



T/20200831/2057

3 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20200831/2057

**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 CHOW YUN NI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
31/08/2020 14:26

Classification Of Case:



SINGAPORE  
POLICE FORCE

SIGNATURE



## Claim Handling

Accident MT/1101793

Policy No.	5113788390	Vehicle No.	FBK1115P	GST Registration No.	
Certificate No.					
Policyholder Name	CAREN ANG KAI YANG	Green Type	Third Party, Fire & Theft	Policyholder NRIC	S9923911G
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	91441889	Special Remark		Contact No. (Home)	
Email Address		TCA	No Yes	eCode	5 =
MPK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	31/08/2020 16:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Road Road
Date of Accident	30/08/2020	Time of Accident (HH:MM)	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	4,ONG HUEKANGSEK ROAD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Whichever Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
VED OD Excess	0.00	VED TP Excess	0.00		
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 3	BOX 157 #10-35	Address 2	TUHO LON NGWAI	Address 2	SINGAPORE 610157
Address 4		Address Type	Singapore address	Post Code	610157
Unit No.	10-35	Related Policy Number	5113788390		
<b>01 Driver Info</b>					
Driver Name	CAREN ANG KAI YANG	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S9923911G	Driver DOB	17/07/1989
Register Date of Driver License	22/12/2015	Driver Age	31	Driving Experience	4
Contact No. (Mobile)	91441889	Contact No. (Office)		Contact No. (Home)	
Address 1	BOX 157 #10-35	Address 2	TUHO LON NGWAI	Address 2	SINGAPORE 610157
Address 4		Address Type	Singapore address	Post Code	610157
Unit No.	10-35				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBK1115P	Driver Insurance Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		
Modification History					

Claim 001 **Now**

Claim Type *	CO-PR	Insured Name	CAREN ANG KAI YANG	Insured NRIC	S9923911G
Contact No. (Mobile)	91441889	Contact No. (Home)	Nil	Contact No. (Office)	
Email Address	carenang@hotmail.com	Vehicle Number	FBK1115P	Vehicle Number	BLK5331L
Claim Description	FBK1115P / BLK5331L CR 30 Aug 2020				Items of Plastered Workshop
Preferred Workshop	Insured Liability	Not at Fault			
Repair Option	Interim Workshop, Name unknown	QIA report	Received		
Date Reported	31/08/2020 16:45	Claim Close Date		Date Received	31/08/2020 00
Report Taken By	ROSLE WONG				
Print At later					
Save Submit					

## Attachment

Accident No.	MT/1101793	Claim No.	001																																								
Last Rec. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/08/2020 16:47																																								
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Description		Photos 2020-8-31																																									
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 16:46	Photos	Normal	Photos 2020-8-31
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 16:46	Photos	Normal	Photos 2020-8-31
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 16:46	Photos	Normal	Photos 2020-8-31
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 16:46	Photos	Normal	Photos 2020-8-31
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 16:46	NAC/ Driving License	Y	NAC/ Driving License 2020-8-31
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2020 16:46	SAS	Normal	SAS 2020-8-31

Video List

Uploaded By/Date	Folder Name	File Name	Source
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Scan and uploading



eBaoTech

General Claim

Hello, NAC\_BUKIT\_MERAH\_800676

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/08/2020 16:18"/>
Vehicle No.(For Motor)	<input type="text" value="FBR3115P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117365942		CAMEN ANG KAI YANG	S8923911G	GMC	Third Party, Fire & Theft	FBR3115P	FBR3115P	02/05/2020	01/05/2021