

Date In: 14/09/2020 18:54	Job description	Date & Time Completed	Done by
Ref No: NA 2004955	SAS e-illing		
Veh No: FRK 4433	E-mail (2 jobs then, AIC 2 hrs)		
D.O.A: 13/09/2020 20:00	I-Motor Claims Form	16/09/2020	
OD TP Reporting Only	I-Motor W/O (Withlet OD 2hrs, TP 4hrs)	14:27	
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whizz		

Preferred Wksp / INC Assign Wksp / QW: () Toll: () Fax: ()

TP Particulars: Veh No: SHD 12844 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 ()

Breac: (\$) Loding: \$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: _____

NA 2004955	1) AIT Accident Reporting (\$30)	
Driver/Owner:	2) DA1 Demerit Assessment (\$100)	INC (110)
Contact No:	3) TP: Towing Fee	\$40/43
Damage Portion:	4) PT: Follow-Through Survey	\$130
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	Verclaiming against INC Only (ver 10 Jan 2020)	\$75
	6) TR: Re-Inspection	\$140
	7) NI: (Day DA + 5MRT Survey	
	8) NTUC Additional Services:	
	OR:	
	• N5: Courtesy Car / Tpl Allowance	\$3
	• N6: Repair Coordination	\$10
	• N7: Post Repair Inspection	\$25
	• N8: DV / Cabot License Coordination	\$3
	• N9: (N1) TP (Non-INC) against DMS	\$10
	• N12: Ides 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	14/09/2020 18:54
Date Of Accident	13/09/2020 20:00
Exact Location Of Accident	LAGUNA FLYOVER EXIT TOWARDS BEDOK SOUTH AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR4455B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD JOE HAFIQH BIN JOHARI
NRIC No	SXXXX652D
Email Address	MDJOEE94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91712407
Alternative Phone No	OTHERS-91712407

Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155-155CC
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	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	5118118287
Cover Note Number	

Driver

Name of Driver	MUHAMMAD JOE HAFIQH BIN JOHARI
NRIC No	SXXXX652D
Date Of Birth	15/08/1994
Occupation	INDOOR
Date Of Driving Pass	15/08/1994
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91712407
Fax Number	
Contact Number	OTHERS-91712407
EMail Address	MDJOEE94@GMAIL.COM

Address	BLK 155 MEI LING STREET #09-273
Postcode	140155
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : DEWI RATNASARI BINTE AZUWAN GENDER: : FEMALE

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/2020914/2062

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	SHD1384U
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TANG NAM MENG
NRIC/Passport Number	SXXXX603C
Contact Number	94898457

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD JOE HAFIQH BIN JOHAR
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? FBR4455B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name DEWI RATNASARI BINTE AZUWAN
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? FBR4455B
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)**

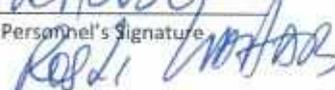
I understand, acknowledge, agree and consent that:

- (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.

 14/09/2020

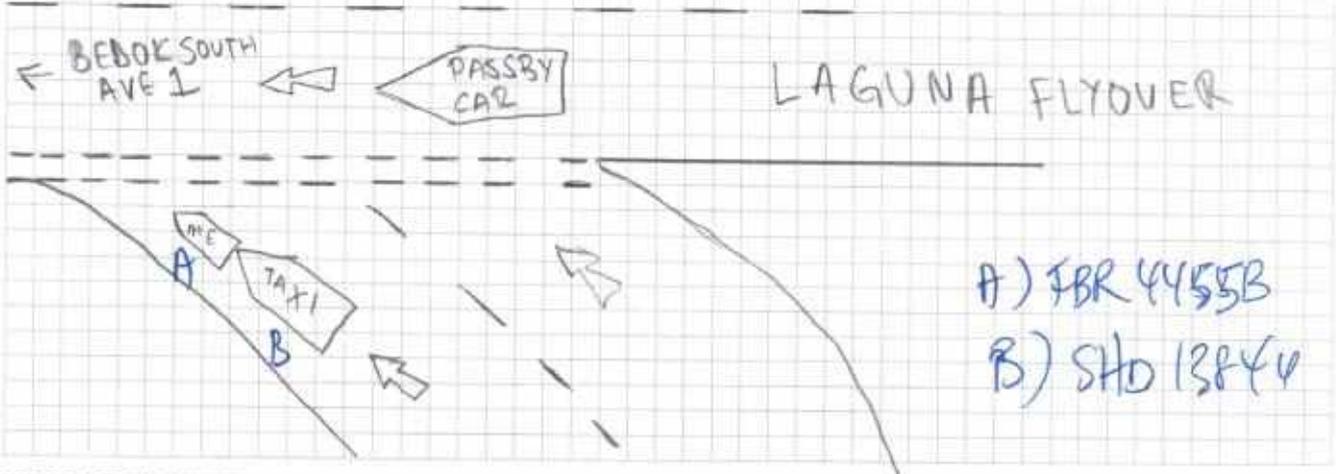
Policyholder's Signature
Date & Time:

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

 14/09/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

East Coast Parkway Comp Post No: 43



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 1/2020-2914/2062

DECLARATION

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

14/09/2020

Policyholder's Signature
Date & Time:

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

14/09/2020
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:

9/10/20

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 09 / 2020 (DD/MM/YYYY), TIME: 20:00 (HH:MM)

LOCATION: LAGUNA FLY OVER EXIT TOWARDS BEDOK SOUTH AVE 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 4455B
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5118118287
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: YAMAHA NMAX 155
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: MUHAMMAD JOE HAFIQH BIN JOHARI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9432652D CONTACT: 91712407
- c) ADDRESS: 155 MELING ST, #09-273 S(140155)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS. ABOLK. (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) 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) NO
IF YES, PLEASE STATE WHICH POLICE STATION: BUKITTIMAH

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 1384U MODEL: HYUNDAI
- b) DRIVER'S NAME: TANG NAM MENG
- c) NRIC/FIN/PASSPORT: S0033603C CONTACT: 94898457

9. THIRD PARTY VEHICLE

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

DRIVER POLICY HOLDER
(P)
No of passenger
(including driver)
(2)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email = mdjoe94@gmail.com
VIDEO



**SINGAPORE
POLICE FORCE**



T/20200914/2062

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

1 of 4

Report No. T/20200914/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2020 13:06		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: MUHAMMAD JOE HAFIQH BIN JOHARI			Address: APT BLK 155 MEI LING STREET #09-273 SINGAPORE 140155		
ID Type / ID No.: NRIC NO / S9432652D			Contact No.:		Mobile: 91712407
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 15/08/1994	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2020 20:00	Type of Location: Bend
Location: EAST COAST PARKWAY				
Lamp Post Number: 43				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBR4455B	Motorcycle	YAMAHA	NMAX155 ABS	Grey	Slightly Damaged	1
SHD1384U	Car	HYUNDAI		Silver	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR4455B	NTUC Income Insurance Co-Operative Limited	5118118287	04/07/2020	03/07/2021



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

Report No. T/20200914/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	DEWI RATNASARI BINTE AZUWAN	ID No.	S9626891B
Related Vehicle	FBR4455B (Motorcycle)	Contact No.	87930165
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/09/2020	Date Discharge	13/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	MUHAMMAD JOE HAFIQH BIN JOHARI	ID No.	S9432652D
Related Vehicle	FBR4455B (Motorcycle)	Contact No.	91712407
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	13/09/2020	Date Discharge	13/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TANG NAM MENG	ID No.	S0033603C
Related Vehicle	SHD1384U (Car)	Contact No.	94898457
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 13/09/2020 at about 2000hrs, I was riding my motorbike, registration number FBR4455U, with my pillion, along ECP Exit Bedok South Ave 1. At that point of time, I was at a stopped at the filter lane, waiting for oncoming vehicle. Suddenly, a taxi from the rear hit us. Due to the impact, my pillion jerk forward. We then alighted from our vehicle and managed to exchanged particulars and took photos of the accident.

Due to the impact, we felt pain. We seek treatment at Changi General Hospital and was given five and three days of MC each. My pillion and I suffered pain at the back of our body.



**SINGAPORE
POLICE FORCE**



T/20200914/2062

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

3 of 4

Report No. T/20200914/2062

CONTINUATION OF REPORT

Claim Handling

Accident MT/1103436

Policy No.	5118118287	Vehicle No.	FBR44558	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD JOE HAFIQH BIN JOHAR	Driver Type	Third Party, Fire & Theft	Policyholder NRIC	S9432652D
Product Code	MDTRCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91712407	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KPI	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	15/09/2020 14:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	13/09/2020	Time of Accident (hh:mm)	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LAGUNA FLYOVER EXIT TOWARDS BEDOK SOUTH AVENUE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.30
YED OD Excess	0.00	YED TP Excess	0.00
Additional Excess		Driver is Covered?	Not Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.30

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 155 #09-273	Address 2	MEI LING STREET	Address 3	MEI LING VISTA
Address 4	SINGAPORE 140155	Address Type	Singapore address	Post Code	140155
Unit No.	09-273	Related Policy Number	5118118287		

OT Driver Info

Driver Name	MUHAMMAD JOE HAFIQH BIN JOHAR	Driver Type	Main Driver	Driver DOB	15/09/1994
Unnamed driver Name		Driver NRIC	S9432652D	Driving Experience	6
Register Date of Driver License	26/09/2013	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	91712407	Contact No.(Office)		Address 1	BLK 155 #09-273
Address 1	BLK 155 #09-273	Address 2	MEI LING STREET	Address 3	MEI LING VISTA
Address 4	SINGAPORE 140155	Address Type	Singapore address	Post Code	140155
Unit No.	09-273				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBR44558	Driver Insurer Company	NTLC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
-------------------------------------	------	-------------	--------

Modification History

Claim 001 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation

Date Registered

Report Taken By

Print AX letter

Insured Name	MUHAMMAD JOE HAFIQH BIN JOHAR	Insured NRIC	S9432652D
Contact No.(Home)		Contact No.(Office)	
CI	TP	Vehicle Number	SRD1384U
Claim Close Date	15/09/2020 14:26	Date Received	15/09/2020 00:00
Reported By	RDS: I WAHAB		

Save Submit

Attachment

Accident No.	MT/1103436	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/09/2020 14:27

Choose File	Category *	Confidential	Urgency *	Description *
No file chosen	Clear	NO	Normal	
No file chosen	Clear	NO	Normal	
No file chosen	Clear	NO	Normal	
No file chosen	Clear	NO	Normal	
No file chosen	Clear	NO	Normal	
No file chosen	Clear	NO	Normal	
No file chosen	Clear	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
NAC_BUNIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH) on 15 Sep 2020 14:27		Photos	Normal	Photos 2020-9-15	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Sep 2020 14:27	Photos		Normal	Photos 2020-9-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Sep 2020 14:27	Photos		Normal	Photos 2020-9-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Sep 2020 14:27	Photos		Normal	Photos 2020-9-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Sep 2020 14:26	Photos		Normal	Photos 2020-9-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Sep 2020 14:26	Photos		Normal	Photos 2020-9-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Sep 2020 14:26	Photos		Normal	Photos 2020-9-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Sep 2020 14:26	Photos		Normal	Photos 2020-9-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Sep 2020 14:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Sep 2020 14:26	SAS		Normal	SAS 2020-9-15

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5118118267		MUHAMMAD JOE HAFIQH BIN JOHARI	S9432652D	GMC	Third Party, Fire & Theft	FBR4455B	FBR4455B	04/07/2020	03/07/2021

Continue