

NATIONAL Assessment Centre Services.

Part 1 of 2001 MAY 2008 1079

Date In: 18/09/2020 11:00	Job description	Date & Time Completed	Done by
Ref No: NBO/2000/00274	SAS e-illing		
Veh No: FB7 8465M	E-mail (Update status, AIO sheet)		
DOA: 09/09/2020 10:55	I-Motor Claims Form	MT 1103793-001	18/09/2020
OD TP: Reporting Only	I-Motor W/O (Whistle: OD sheet, TP sheet)		11:21
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assgn Wkep / OW: (

Tel:

Fax:

TP Particulars: Veh No: XD9035K 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: YRS () / 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: YRS () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

NA2004973

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Warranty/Comments:

Ref: 1:

2/2

Item	Amount	Total
1) All: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$175	
5) PT: Follow-Through Survey (Resurvey)	\$50	
6) TR: Re-inspection	\$75	
7) NI: 1 Day DA + EMER Survey	\$160	
8) NTUC Additional Services		
9) ON:		
• NS: Courtesy Car / Tpt Allowance	\$3	
• NG: Repair Coordination	\$10	
• NT: Post Repair Inspection	\$25	
• NO: DV / Collect Excess Coordination	\$3	
• TP (NI): TP (NI) INC against L&S	\$10	
• YN: 1 Day Mobile	\$30	
Invoice dated		
Invoice dated		

Fee Charged

Fee Charged

AMOUNT

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	18/09/2020 11:04
Date Of Accident	09/09/2020 10:55
Exact Location Of Accident	ALONG BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8465M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AFIQ FARHAN BIN BAHARIN
NRIC No	SXXXX661E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85696469
Alternative Phone No	OTHERS-85696469

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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	5101112140-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AFIQ FARHAN BIN BAHARIN
NRIC No	SXXXX661E
Date Of Birth	15/08/1998
Occupation	INDOOR
Date Of Driving Pass	21/05/2018
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85696469
Fax Number	
Contact Number	OTHERS-85696469
Email Address	NOEMAIL

Address	BLK 116 JALAN BUKIT MERAH #02-1639
Postcode	160116
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200911/7010

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	XD9035K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MUHAMMAD AFIQ FARHAN BIN BAHARIN
Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FBJ8465M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

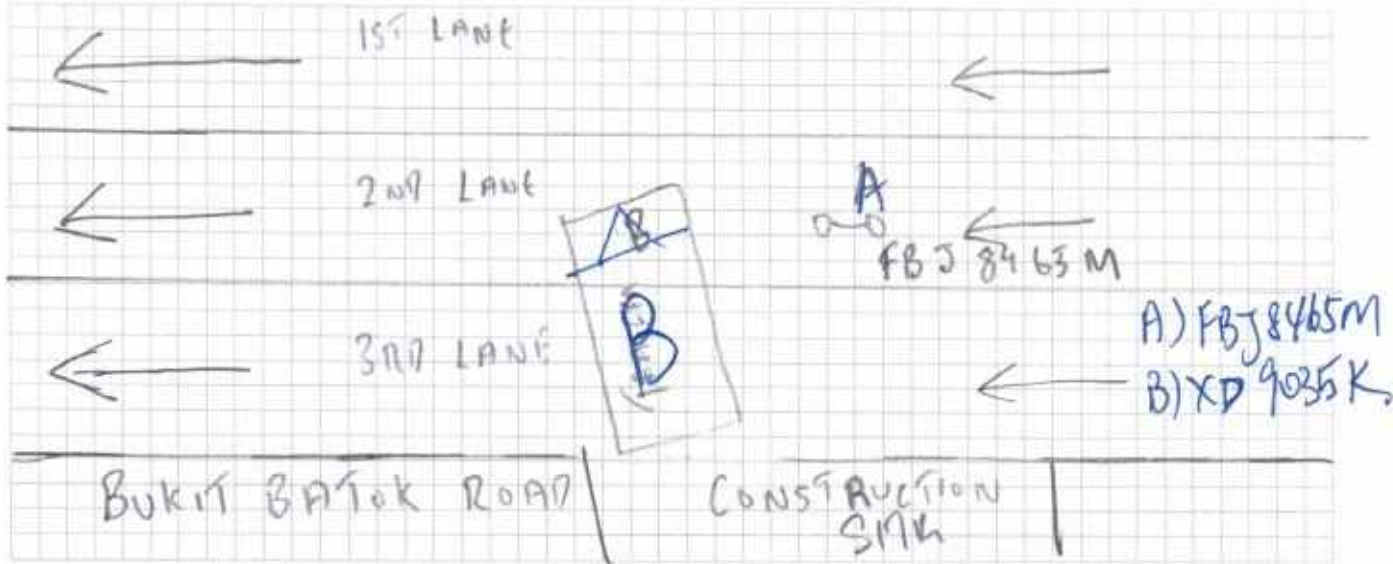
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/2020 & 9/11/2010

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.:

AKL ACCIDENT STATEMENT

ACCIDENT DATE: 09/09/2020 (DD/MM/YYYY), TIME: 10:55 (HH:MM)

LOCATION: ALONG BT MOTOR ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 8465M
b) INSURANCE COMPANY: NRMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA FC.16
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: MUHAMMAD. AFU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 85696496
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR. ABRAH (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: _____

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: TEORNC ROUGH

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD 9035K MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email =

VIDEO



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200911/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2020 11:43	Vide Report No.: J/20200909/0055	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD AFIQ FARHAN BIN BAHARIN			Address: 116 JALAN BUKIT MERAH #02-1639 SINGAPORE 160116		
ID Type / ID No.: NRIC NO / S9826661E			Contact No.: Home/Office: Mobile: 85696496		
Nationality: SINGAPORE CITIZEN			Email: akitestry@gmail.com		
Sex: Male	Age: 22	Date of Birth: 15/08/1998	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Hotel receptionist			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/09/2020 10:55	Type of Location: Straight Road
Location: BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ8465M	Motorcycle	YAMAHA	FZ 16 MANUAL	Blue		0
XD9035K	Lorry	SCANIA		Yellow	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ8465M	NTUC Income Insurance Co-Operative Limited	5101112140-02	31/05/2020	30/05/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AFIQ FARHAN BIN BAHARIN	ID No.	S9826661E
Related Vehicle	FBJ8465M (Motorcycle)	Contact No.	85696496
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	09/09/2020	Date	10/09/2020
No. of Days granted Medical Leave	14	Degree of	Serious

Brief Details.

On 09/09/2020 at around 1055hrs while i was on my way to ITE College West along bukit batok road from my house, i met into an accident with a Vehicle Number XD9035K, i was travelling on a straight road on the middle lane around 40-50 km/h as i was approaching a traffic light junction. After i passed by the traffic light junction, The vehicle plate number XD9035K exited the construction site without checking for oncoming traffic. The company of that trailer vehicle also did not provide any traffic marshall to stop any upcoming vehicles upon the vehicle exit. After seeing the vehicle exit i tried to swerve to the right most lane but still collided with the vehicle on its driver side. i also couldnt manage to brake in time as the vehicle went out suddenly and covered all the 3 lanes. I fell and suffer dislocation on my right shoulder, avulsion on my left foot and also abrasions on my right knee and left hand.



**SINGAPORE
POLICE FORCE**



T/20200911/7010

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200911/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/09/2020 11:43

Classification Of Case:



MEDICAL CERTIFICATE (Ref:75871115)

ORIGINAL

NAME: MUHAMMAD AFIQ FARHAN BIN BAHARIN

NRIC: S9826661E

Type of Medical Leave granted: **Hospitalisation Leave**


The above named is unfit for duty from 10/09/2020 to 23/09/2020 Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 09/09/2020 11:43 to 09/09/2020 11:59.
The aboved name was admitted from 09/09/2020 11:59 to 10/09/2020 12:54.

10/09/2020
Date

Dr. Sze Chuan ONG (P2050B)
Issued by


Signature

Location: WARD B09 SUBSIDISED



ORIGINAL

MEDICAL CERTIFICATE

EMD2020278761

Name MUHAMMAD AFIQ FARHAN BIN, BAHARIN		NRIC No. S9826661E
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>17-Sep-2020</u> to <u>21-Sep-2020</u> inclusive.		
Type of medical leave granted ; <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave, Delivered on : _____ <input type="checkbox"/> Sterilization Leave, 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 Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 17-Sep-2020	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  JEEVAN RAAJ SO THANGAYAH, 18596E

Claim Handling

No.	S101112140-02	Vehicle No.	FB3846SM	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD APIQ FARHAN BIN SAHARIN			Policyholder NRIC	59020661E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	85696496	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
🔍 Accident Details					
Report Date	18/05/2020 10:33	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	09/06/2020	Time of Accident (Hours)	10:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUNTI BATOK ROAD				
🔍 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 No.		GST Registration Date			
Modification History		GST Status Verified	Yes		
🔍 Policyholder Mailing Address					
Address 1	BLK 23 # 09-143	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730023
Address 4		Address Type	Singapore address		
Unit No.	#09-143	Related Policy Number	S101112140-02	Post Code	730023
🔍 01 Driver Info					
Driver Name	MUHAMMAD APIQ FARHAN BIN SAHARIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	59020661E	Driver DOB	15/06/1998
Registrar Date of Driver License	21/05/2018	Driver Age	22	Driving Experience	2
Contact No.(Mobile)	85696496	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 23 # 09-143	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730023
Address 4		Address Type	Singapore address		
Unit No.	#09-143			Post Code	730023
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	FB3846SM	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Claim ID: [New](#)

Claim Type *	GO-RK			Insured Name	MUHAMMAD AFIQ FARHAN BIN	Insured NRIC	5002661E
Contact No. (Mobile)	85696496			Contact No. (Home)		Contact No. (Office)	
Email Address	AKTTESTRY@GMAIL.COM			OT Vehicle Number	FB08465H	TP Vehicle Number	8D9035K
Claim Description	FB08465H / 8D9035K, DN 8 Sept 2020					Name of Preferred Workshop	
Preferred Workshop No. Finalisation	Insured Liability	Not at Fault	Report Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	18/09/2020 11:23			Claim Close Date			Data Received 18/09/2020 00:00
Report Taken By	ROSLI WAHAB						

Save Submit

Attachment:

Account No.
Last Doc. Received

MT/1103793
☒ Yes ☐ No

Claim No.
Upload Date

081
18/09/2020 11:27

Path +

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

No longer exist

Category *

Confidential

Urgency *

Description *

ClearPlease Select

ClearPlease Select

ClearPlease Select

ClearPlease Select

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ClearPlease Select

Attachment List

Send Mail

Attachment	Uploaded By/Date	Category ? Photo	Urgency Normal	Description Notes 20/09/2020	Msg Sent? (CO)
NAC_PAYA_UBI_RDG601(NATIONAL ASSESSMENT CENTRE SERVICES) 6					

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:27	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:27	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:27	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:26	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:25	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:26	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:26	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:26	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:26	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:24	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:24	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:24	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:24	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:24	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:24	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:24	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:24	NRIC/ Driving License	Y	NRIC/ Driving License 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 11:24	SAS	Normal	SAS 2020-9-18

[Video List](#)

Uploaded By/Date
Folder Date
File Name
Source

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)[Change Language](#)[Change Password](#)[Log Out](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/09/2020 11:30"/>
Vehicle No. (For Motor)	<input type="text" value="FBJ8465M"/>	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 checked="" type="radio"/>	5101112140-02		MUHAMMAD AFIQ FARHAN BIN BAHARIN	S9825661E	GMC	Third Party, Fire & Theft	FBJ8465M	FBJ8465M	31/05/2020	30/05/2021