

NATIONAL Assessment Centre Services.

(part 1 of 2)

MAIA/2008725

Date In: 18/09/2020 16:25	Job description	Date & Time Completed	Done by
Ref No: N/A/20010074/1	SAS e-billing		
Veh No: FX 1514R	E-mail (E-mail sure, AIC 2hrs)		
D.O.A: 16/09/2020 8:00	I-Motor Claims Form	MT/1103852-001	18/09/2020 17:08
DD 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/Witness		

Preferred Wreck (INC Assign Wreck / QW):	Toll:	Post:
TP Manufacturer:	Veh No: UNKNOWN CAR	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:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC rate	
Damage Portion:	3) TP: Towing Fee	\$40
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$110
	5) PT: Follow-Through Survey (Resurvey)	\$20
	6) TR: Re-inspection	\$160
	7) NI: (No DA + SMRT Survey)	
	8) NIUC Additional Services	
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	100) NIUC Additional Services	

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 16:25
Date Of Accident	16/09/2020 18:00
Exact Location Of Accident	ALONG NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX7514R
Insured/Policyholder	
Name Of Registered Owner	HAFILAH BTE ABDUL KARIM
NRIC No	SXXXX567J
Email Address	HAFILAH.97@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-94747508
Alternative Phone No	OTHERS-94747508

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFHV-399CC
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
Fleet Policy	NO
Policy Number	5115670904
Cover Note Number	

Driver

Name of Driver	HAFILAH BTE ABDUL KARIM
NRIC No	SXXXX567J
Date Of Birth	14/11/1997
Occupation	INDOOR
Date Of Driving Pass	18/12/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94747508
Fax Number	
Contact Number	OTHERS-94747508
Email Address	HAFILAH.97@LIVE.COM.SG

Address	BLK 63A LENGKOK BAHRU #07-376
Postcode	150063
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	SIDE SWIPE
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200917/2071

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	UNKNOWN
Vehicle Make/Model/Colour	
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	HAFILAH BTE ABDUL KARIM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX7514R
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.
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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: 18/9/2020
1435HRS

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


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

SKETCH PLAN

Along Nicoll Highway



A) FX7514R
B) unknown car

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200917/2071

DECLARATION

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

Policyholder's Signature

Date & Time: 18/09/2020
1500Hr

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 09 / 2020) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: NICHOL HIGHWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX7514R
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5115670904
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA SUPER 4
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: HAFILAH BINTI ABDUL KAHAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S97405673 CONTACT: 94747500
 c) ADDRESS: BIK 68A LCPKOK BAHU #07-376 SC(151063)

* 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: (14 / 11 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18 DEC 2019

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: BUKIT MERAH WEST NRC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 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:

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = hafilah.97@live.com.sg

VIDEO



SINGAPORE POLICE FORCE



T/20200917/2071

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20200917/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2020 17:29		Vide Report No.:		Station Diary No.: 59	
Informant's Particulars					
Name of Informant: HAFILAH BINTE ABDUL KARIM			Address: APT BLK 63A LENGKOK BAHRU #07-376 SINGAPORE 150063		
ID Type / ID No.: NRIC NO / S9740567J			Contact No.: Home/Office:		Mobile: 94747508
Nationality: SINGAPORE CITIZEN			Email:		
Sex Female	Age: 22	Date of Birth: 14/11/1997	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Registered nurse			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2020 18:00	Type of Location: X-Junction
Location: HOUGANG AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX7514R	Motorcycle	HONDA	CB400 SFHV M	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX7514R	NTUC Income Insurance Co-Operative Limited	5115670904	18/01/2020	24/02/2021



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HAFILAH BINTE ABDUL KARIM	ID No.	S9740567J
Related Vehicle	FX7514R (Motorcycle)	Contact No.	94747508
Hospital/Clinic	BUKIT MERAH CENTRAL MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	17/09/2020	Date Discharge	17/09/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the 16/09/2020 at about 1800hrs, I was travelling from Singapore General Hospital (SGH) to Blk 125 Hougang Ave 1. I was riding my motorcycle bearing plate number FX7514R (V1) at the time. I remembered that after leaving SGH I travelled via MCE and lost my way when I exited Fort Road. After travelling along Fort Road, I remembered travelling along a long road on the second lane from the right. I wanted to make a lane change to the first lane but I noticed that there was a car on my right speeding up from the rear. I could not change lane and ended up in between 2 cars while on the move. I felt that I got hit on the right side but I could not stop as traffic was heavy. I tried my best to balance myself to refrain from falling and overtake the 2 cars.

Upon arriving at a junction, I stopped on the second lane from the left turning right. Out of a sudden the same car came from the left and stopped in front me at the junction. The driver of the said vehicle then went out of his car and started shouting at me and scolded me. He also showed his middle finger at me. I was too afraid to stop at the junction, thus when the green light turned on, I move off and made my way to Blk 125 Hougang Ave 1. After moving off I noticed that my front brake lever broke. I also felt some pain on my right leg. When I reached my destination I checked that my motorcycle also sustained damages on the exhaust pipe.

I went to the clinic today and was given 2 days of MC. I sustained abrasion and swelling on my right shoen. I could not get the car plate number of the said vehicle as I was too afraid of how aggressive the driver was towards me.



**SINGAPORE
POLICE FORCE**



T/20200917/2071

3 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20200917/2071

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 3 MUHAMMAD HAIQAL BIN AZMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/09/2020 17:29

Classification Of Case:

S11.43

Accident MT/1103853

Modifications History

Claims 001 New

Save Submit

Attachment

Linked News

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:08	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:08	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:08	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:08	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:08	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:07	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:07	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:07	Photos	Normal	Photos 2020-9-18
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:07	Photos	Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:07	NRIC/ Driving License	Y	NRIC/ Driving License 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Sep 2020 17:07	SAS	Normal	SAS 2020-9-18

Video List

Uploaded By/Date	Folder Data	File Name	Source
		Display in New Window Scan and uploading	

MEDICAL CERTIFICATE

No. 170330

**Bukit Merah Central
Medical Centre Pte Ltd**

BLK 165 BUKIT MERAH CENTRAL #03-3683
SINGAPORE 150165
TEL : 6273 5455

Date, 17.9.2020

This is to certify that Mr/Ms/Mdm HAFILAH BTE ABDUL KARIM Singapore Health Pte. Ltd.
is under treatment by me and is medically assessed as Hospital SGH

☐ Fit For duty

☐ Fit for light duty _____ days from _____ to _____

☒ Unfit for duty TWO days from 17.9.2020 to 18.9.2020

Comments/Diagnosis _____

Cellulitis (R leg) Wound.
Myalgia

☐ Fever T _____
☐ Medicine cause drowsiness
☐ Injection given
☐ Will infect others.

Time in _____ am/pm

Staff No : _____

Time out _____ am/pm

Dept : _____

* This certificate is not valid for absence from court or
other judicial proceedings unless specifically stated.

DR. GAN CHEONG HWEI
M.B., B.S. (S'PORE)
DESIGNATED FACTORY DOCTOR

Hello, NAC_PAYA_UBI_800601

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

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"/>	5115670904		HAFILAH BTE ABD K	S9740567J	GMC	Third Party	FX7514R	FX7514R	18/01/2020	24/02/2021