

NATIONAL Assessment Centre Services. (not a Jervis)

MAF20082656

| | | | |
|---------------------------|--|-----------------------|------------------|
| Date In: 23/09/2020 10:57 | Job description | Date & Time Completed | L 303 |
| Ref No: N/A/MAF200/0211/4 | SAS e-filing | | |
| Veh No: FBB 43117 | E-mail (E-judge sheet, AIC sheet) | | |
| D.O.A: 28/09/2020 08:15 | I-Motor Claims Form | MT/110424-001 | 23/09/2020 12:45 |
| OD: TP: Reporting Only | I-Motor W/O (W/In: OD sheet, TP sheet) | | |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Victim | | |

| | | |
|---|--|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SHD 2532C | 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 ref 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: _____

| | |
|--------------------------------|--|
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Bug-In-Charge): | |

| Code | Description | Amount | Notes |
|----------|--|------------|-------|
| 1) AITA | Cont. Supporting (\$30) | | |
| 2) DA+D | Acc. Assessment (\$100) | INC (\$10) | |
| 3) TP+T | ng Fee | \$40/\$43 | |
| 4) TP+P | W-Through Survey | \$120 | |
| 5) TP+P | W-Through Survey (Resurvey) | \$30 | |
| 6) TP+R | W-Through Survey (Resurvey) (W/In: AIC Only, W/In: 10/12/2019) | \$75 | |
| 7) TP+R | W-Through Survey (Resurvey) (W/In: AIC Only, W/In: 10/12/2019) | \$160 | |
| 8) NTUC | Additional Services | | |
| 9) ONI | | | |
| 10) N/C | Courtesy Car / Tpt Allowance | \$3 | |
| 11) N/C | Acc. Coordination | \$10 | |
| 12) N/C | Repair Inspection | \$23 | |
| 13) N/C | Collect Documents Coordination | \$3 | |
| 14) N/C | Collect Documents Coordination | \$30 | |
| 15) N/C | Collect Documents Coordination | \$30 | |
| 16) N/C | Collect Documents Coordination | \$30 | |
| 17) N/C | Collect Documents Coordination | \$30 | |
| 18) N/C | Collect Documents Coordination | \$30 | |
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| 21) N/C | Collect Documents Coordination | \$30 | |
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| 98) N/C | Collect Documents Coordination | \$30 | |
| 99) N/C | Collect Documents Coordination | \$30 | |
| 100) N/C | Collect Documents Coordination | \$30 | |

Fee Charged: _____ 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 | 23/09/2020 10:57 |
| Date Of Accident | 22/09/2020 08:15 |
| Exact Location Of Accident | ALONG COLLEGE ROAD BEFORE MACALISTER ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBB4371T |
| Insured/Policyholder | |
| Name Of Registered Owner | WAI KOK MUN |
| NRIC No | SXXXX408Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84826692 |
| Alternative Phone No | OTHERS-84826692 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | DAELIM |
| Model | DAYSTAR X5-150CC |
| Exact Purpose for which vehicle was being used at time of accident | GOING TO WORK |
| 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 | BUS |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5035940709-11 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | WAI KOK MUN |
| NRIC No | SXXXX408Z |
| Date Of Birth | 06/03/1962 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/10/1985 |
| Driving Experience | 34 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84826692 |
| Fax Number | |
| Contact Number | OTHERS-84826692 |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 435 BUKIT PANJANG RING ROAD #09-655 |
| Postcode | 670435 |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

ON 22/09/2020 AT ABOUT 0815HRS I WAS AT COLLEGE ROAD AND WANTED TO TURN TO MACALISTER ROAD. TRAFFIC WAS HEAVY SO I WAS MOVE TO THE RIGHT SIDE SUDDENLY A TAXI SHD2532C TYRING TO TURN INTO MOH BUILDING WITHOUT SIGNAL AND MY BIKE FBB4371T HIT THE FRONT RIGHT HAND SIDE OF THE TAXI.

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 | SHD2532C |
| Vehicle Make/Model/Colour | TOYOTA |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | CHNG GIM KOON |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | WAI KOK MUN |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBB4371T |
| 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.

umi 23 9 20
Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

an 23/09/2020
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Posi

COWLEY ROAD

A

B

MOH BLDG

→ MACALISTER ROAD

A) FBB 4371T
 B) SHD 2532C

[illegible]

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

Reporting Centre Personnel's Signature
Name: Bob
NRIC/FIN No.: 736912020

ACCIDENT STATEMENT

ACCIDENT DATE: (22/08/2020) (DD/MM/YYYY), TIME: (08.15) (HH:MM)

LOCATION: Along Mh

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR4371T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: going to work
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: WAL KOK MUN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 1570408Z CONTACT: 84826692
c) ADDRESS: B1K 435 1ST PANJIANH KINH RD.
1109-655 5670435

* 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: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD 2532C MODEL: _____

b) DRIVER'S NAME: CHING GIM KOU

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

VIDEO

Claim Handling

Accident MT/1104294

| | | | | |
|---------------------|--|---------------------|--|-----------------|
| Policy No. | 5035940709-11 | Vehicle No. | FBB4371T | GST Registrati |
| Certificate No. | | | | |
| Policyholder Name | WAI KOK MUN | | | Policyholder NI |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party | Loading |
| Contact No.(Mobile) | 84826692 | Contact No.(Office) | | Contact No.(Hi |
| Email Address | | Special Remark | | eCode |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 15 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|---|-------------------------------|-------|----------------|
| Report Date | 23/09/2020 12:42 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 22/09/2020 | Time of Accident hh:mm | 08:15 | Country of Acc |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | ALONG COLLEGE ROAD BEFORE MACALISTER ROAD | | | |

▼ Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|------|-----------------|
| Excess Type | Per Accident | Windscreen Excess | 0.00 | |
| OD Standard Excess | 0.00 | TP Standard Excess | 0.00 | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Cover |
| Additional Excess | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | 0.00 | |

▼ 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 435 #09-655 | Address 2 | BUKIT PANJANG RING ROAD | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5035940709-11 | |

▼ OI Driver Info

| | | | | |
|---|--|---------------------|-------------------------|----------------|
| Driver Name | WAI KOK MUN | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S1570408Z | Driver DOB |
| Register Date of Driver License | 22/10/1985 | Driver Age | 58 | Driving Experi |
| Contact No.(Mobile) | 84826692 | Contact No.(Office) | | Contact No.(Hi |
| Address 1 | BLK 435 #09-655 | Address 2 | BUKIT PANJANG RING ROAD | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | FBB4371T | Driver Insurer |

Declaration

| | | | |
|-------------------------------------|------|-------------|--|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|--|

Modification History

Claim 001

New

| | | | |
|---------------------|-------------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | W/ |
| Contact No.(Mobile) | 84826695 | Contact No. (Home) | 67 |
| Email Address | | OI Vehicle Number | FB |
| Claim Description | FBB4371T / SHD2532C ON 22 Sept 2020 | | |
| Preferred Workshop | | Insured Liability | Not at Fault |
| Repair No. | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Finalisation | | GIA report | Received |
| Date Registered | 23/09/2020 12:45 | Claim Close Date | |
| Report Taken By | ROSLI WAHAB | | |

☐ Print AK letter

Save Submit

Attachment



Accident No. MT/1104294 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/09/2020 12:45

| Path * | Category * | Confider |
|---|--|----------|
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |
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| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | |
|------------|--|-----------------------|---------|-----------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 12:45 | Photos | Normal | Ph |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 12:45 | Photos | Normal | Ph |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 12:45 | Photos | Normal | Ph |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 12:45 | Photos | Normal | Ph |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 12:45 | NRIC/ Driving License | Normal | NRIC/ Dri |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 12:45 | SAS | Normal | S |

Video List

| Uploaded By/Date | Folder Date | File Name | |
|------------------|-------------|--|--|
| | | <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | |

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

22/09/2020 10:47

Vehicle No.(For Motor)

FBB4371T

Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5035940709-11 | | WAI KOK MUN | S1570408Z | GMC | Third Party | FBB4371T | FBB4371T | 05/04/2020 | 04/04/2021 |