

NATIONAL Assessment Centre Services.

(part 1 of 2)

MA2005166

Date In: 28/09/2020 12:12	Job description	Date & Time Completed	Done by
Ref No: 1138/2009 04674	SAS e-filing		
Veh No: 4PB 13434	E-mail (Veh No, AIC No)		
O.O.A: 23/09/2020 14:10	1-Motor Claim Form	ml/1104559-002	30/09/2020 10:45
OD (TP) Reporting Only	1-Motor W/O (Within OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VLIR		

Preferred Wkep / INC Assign Wkep / QW: (Tel: (Fax: (
TP Particulars: Vch No: SMP 786Y	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 > \$5000) ()	

Injury: ()

Date: ()

MA2005166	1) AIT Accident Reporting (\$30)	INC (110)
Driver/Owner:	2) DA Damage Assessment (\$100)	240/43
Contact No:	3) TV Towing Fee	\$120
Damage Portion:	4) FF Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) FF Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (var 10 Jan 2010)	\$70
	6) TR Re-inspection	\$160
	7) NI 1 day DA + EMRT Survey	
	8) NIUC Additional Services	
	9) NIUC	\$3
	*NI: Courtesy Car / Tpl Allowance	\$10
	*NI: Repair Coordination	\$20
	*NI: Post Repair Inspection	\$3
	*NI: DV / Collect License Coordination	\$20
	TP (NI) TP (INC) (var 10 Jan 2010)	\$30
	10) NIUC Mobile	
	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	28/09/2020 12:13
Date Of Accident	23/09/2020 14:10
Exact Location Of Accident	ALONG KIM KEAT ROAD BEFORE BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB1343U
Insured/Policyholder	
Name Of Registered Owner	SHADAB ANJUM @ SHADAB
NRIC No	SXXXX334H
Email Address	ANJUMJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83020124
Alternative Phone No	OTHERS-83020124

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-180CC DTS-I (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
Fleet Policy	NO
Policy Number	5058977142-06
Cover Note Number	

Driver

Name of Driver	SHADAB ANJUM @ SHADAB
NRIC No	SXXXX334H
Date Of Birth	27/12/1980
Occupation	INDOOR
Date Of Driving Pass	20/12/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83020124
Fax Number	
Contact Number	OTHERS-83020124
Email Address	ANJUMJH@GMAIL.COM

Address	BLK 76 LORONG LIMAU #16-17
Postcode	320076
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	MOULMEIN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2508999 - FAX NO: 63554312
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200923/2112

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	SMP736Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EUGENE LEE ANN TENG
NRIC/Passport Number	SXXXX278B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SHADAB ANJUM @ SHADAB

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBB1343U

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.



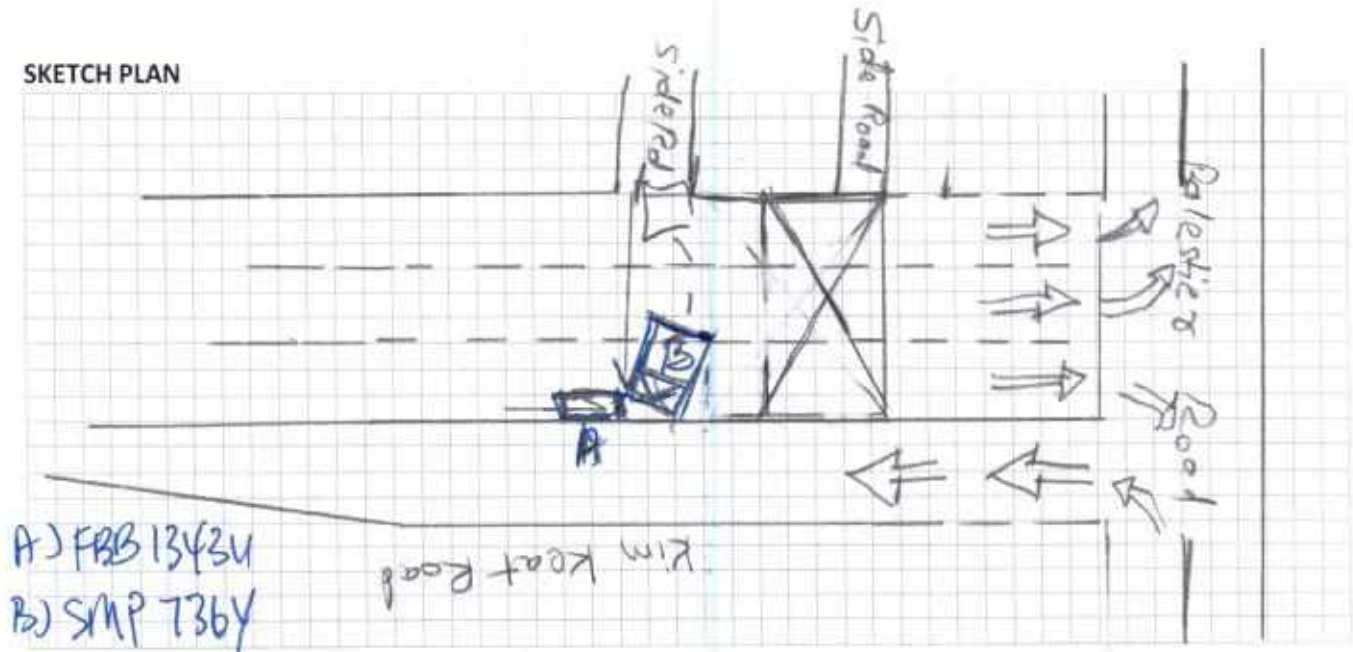
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



A) FBB 13434
B) SMP 7364

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200923/2112

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 29/09/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

MICHAEL

ACCIDENT STATEMENT

ACCIDENT DATE: 23/09/2020 (DD/MM/YYYY), TIME: 2:10 (HH:MM)

LOCATION: Kim Keat Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB 1343U
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5058977142-06
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BATAT PULSAR 180 RDTs
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: SHADAB ANJUM (MALE / FEMALE) ✓
b) NRIC/FIN/PASSPORT: S8084334H CONTACT: 83020124
c) ADDRESS: BLK-76, #16-17, Lalong, Lim 94, Singapore.
320076
- * 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: 27/12/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20 DEC 2008

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) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: Moulmein

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP736Y MODEL: _____
b) DRIVER'S NAME: EUGENE LEE ANN TENA
c) NRIC/FIN/PASSPORT: S8102278B CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = anjumjh@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20200923/2112

1 of 4

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20200923/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2020 18:56	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: SHADAB ANJUM		Address: APT BLK 76 LORONG LIMAU #16-17 SINGAPORE 320076	
ID Type / ID No.: NRIC NO / S8084334H		Contact No.: Home/Office: Mobile: 83020124	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 27/12/1980	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2020 14:10	Type of Location: Straight Road
Location: KIM KEAT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBB1343U	Motorcycle	BAJAJ CHETAK	PULSAR180 M	Red	Seriously Damaged	0
SMP736Y	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB1343U	NTUC Income Insurance Co-Operative Limited	5058977142-06	26/12/2019	25/12/2020



Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20200923/2112

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHADAB ANJUM	ID No.	S8084334H
Related Vehicle	FBB1343U (Motorcycle)	Contact No.	83020124
Hospital/Clinic	MEI LING CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/09/2020	Date Discharge	23/09/2020
No. of Days granted Medical Leave	02	Degree of Injury	Serious
Other Person Involved			
Name	Unknown	ID No.	NIL
Related Vehicle	SMP736Y (Car)	Contact No.	NIL
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 23/09/2020 at about 2.10pm, I was riding my motorcycle (FBB1343U) along Kim Keat Road, towards Balestier Road.

As it was heavily congested before the traffic lights at Balestier Road, rows of cars have lined up before the traffic light.

When the traffic lights are red and the vehicles have stopped, I rode passed the cars and towards the stop line of the traffic lights of Balestier Road by traveling on the continuous white line in the middle of the road.

Suddenly, a car (SMP736Y) drove out from a small road on my left and towards me. As I was unable to avoid the car, the front right of the car collided with the left side of my vehicle. The impact from the incident flung me off my motorcycle and onto the bonnet of the car. I wished to state that area where the car had drove out into, does not have a yellow box. As such, I was not expecting to car to cut through lanes in this manner.

After the accident, the driver alighted from his car. We took photos of the involved vehicles and exchanged contact details. We then left the scene in our own vehicles.

After the accident, I felt pain at my left arm and hand area, bleeding at my right shin area and pain at my



**SINGAPORE
POLICE FORCE**



T/20200923/2112

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Report No. T/20200923/2112

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

CONTINUATION OF REPORT

right foot area.

I am lodging this report for record and for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20200923/2112

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20200923/2112

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:
E /
Sgt 2 CHUA CHEE PING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/09/2020 18:56

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Claim Handling

Accident MT/1104559

Policy No.	5058977142-06	Vehicle No.	FB81343U	GST Registrati
Certificate No.				
Policyholder Name	SHADAB ANJUM @ SHADAB			Policyholder Ni
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	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(%)	20	Private Hire

▼ Accident Details

Report Date	25/09/2020 14:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/09/2020	Time of Accident hh:mm	14:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG KIM KEAT ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		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	NIL	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-344	Related Policy Number	5058977142-06	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experi
Register Date of Driver License		Driver Age		Contact No.(Hi
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	SH
Contact No.(Mobile)	83020124	Contact No. (Home)	
Email Address	ANJUM3H@GMAIL.COM	OI Vehicle Number	FB
Claim Description	FB81343U / SM9736Y ON 23 Sept 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	30/09/2020 10:40	Claim Close Date	
Report Taken By	ROSLE WAHAB		
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.

MT/1104559

Claim No.

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

30/09/2020 10:45

Path *

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category *

Confider

NO

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:45	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:45	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:45	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:41	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:41	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:41	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:41	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:41	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:40	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:40	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:40	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:40	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:40	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:40	NRIC/ Driving License	Y Normal	NRIC/ Drn
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 10:40	SAS	Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	
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Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/09/2020 11:58"/>
Vehicle No. (For Motor)	<input type="text" value="FBB1343U"/>	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"/>	5058977142-06		SHADAB ANJUM @ SHADAB	S8084334H	GMC	Third Party	FBB1343U	FBB1343U	26/12/2019	25/12/2020