NATIONAL Assessment Centre	Services :	וְלַילִייבוּ י יאי	MALA	1200811636		
Date In: 10/10/2000 12:21	Job description		Date &	Time Completed	Done	př.
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TP Insurer:	Assessment/Sur	100000000000000000000000000000000000000	1			
	Ass't Report by	Fax/Hand t				
Preferred Wksp / INC Assign Wksp / QW: (	2010	2007	Tel:		Fax:	
TP Particulars: Veh No: GES	3/33 K.	. INC(		on-INC ( )		
Owner / Driver: (	1.7		Tel:	D		
	od: (	7	Cover	Type: (		
Confirmed by : (	- 1- E-1 Ct-1 (III	Date:	00/. D.	Time:	100961	-
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Year of Registration: ( ) W  Excess: (\$ ) Loading: \$1,000	arranty: YES ( 0 ( )/\$2,000 (	)/40(	,			
General Remarks			20245	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
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( ) Total Loss Case : to e-mail Insurer						1
Drive-In ( ) / Towed-In ( ); Invoice:	YES()/N	0();1	owing C			
Remarks: 40 - (180 horling: 6788 6616)			Dales	Tung Completed	Done	ьбу
1) Apply for Transport Allowance ( )/ Co	ourtesy Car ( )					
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )			SOTTENS OF THE STATE OF		
Injury:						
	95-74 BAD-76 CV RC3 SCD216	ACCRONSBIBINE	PROMETO	CERTELL TOTAL TO	AND DESCRIPTION OF THE PERSON NAMED IN	* **
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Chalmant's Particulars :-		2) DA : Damage	Assessme	nt (\$100); INC		
Driver/Owner:	- <del>1007 (2350) (4070) (2500)</del>	3) TF : Towing	Fee Through Su		\$120	
2-mar No.	ALTE.	5) FT : Follow-	Through Su	rvey (Resurvey)	230	
Contact No:		6) TR : Re-insp		Only (wef 10 Jan 20	\$75	
Damaged Portion:		7) N1 : Idao DA	+ SMRT		2160	-
	*	8) NTUC Addi	Ional Servi	ocs:-		
QC Checked by (Engr-In-Charge):		*NS; Courie	Car/Tp	Allownnie	\$5 510	
The state of the s	र स्टब्स्टिक्ट के स्टब्स्ट	*NG: Repair *N7: Post Re	mair Inspec	tion	\$25	1
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Cat. 2/3;	4 //	Involce dated		Fee Charge	Marian Print	1
		Involve dated		Fue Charge	ed BAIO	•

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 witholding 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 faise reporting may be referred to the Police for investigation.
- 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.

MINISTER AND SERVICE	ACCIDENT STATEMENT
Date Of Report	10/10/2020 12:29
Date Of Accident	20/08/2020 19:15
Exact Location Of Accident	ALONG CTE TOWARDS CITY
Country/State of Loss	SINGAPORE
The second second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG7832J
Insured/Policyholder	
Name Of Registered Owner	SNS COURIER & TRANSPORT SERVICES
Co Reg No	5XXXX952W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87151312
Alternative Phone No	OFFICE-62419646
Vehicle Particulars	DESCRIPTION FROM THE PROPERTY OF THE PROPERTY
Manufacturer	ТОУОТА
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105906406-01
Cover Note Number	
Oriver	
lame of Driver	SINNAVAN S/O MINIKANU
IDIO II	SXXXX971D
	14/06/1964
S	OUTDOOR
	16/10/1997
Priving Experience	22 YEARS AND 10 MONTHS
A STATE OF THE STA	MALE
fobile Number	(LOCAL) +65-87151312

OFFICE-62419646

NOEMAIL

Address

BLK 521 BEDOK NORTH AVE 1

#07-286

Postcode

460521

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 1

## Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200923/2012

#### 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

GBB3135R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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,
- 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:
  - 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:
  - 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.

SNS COURIER & TRANSPORT SERVICES

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Namer

NRIC/FIN No.:

SKETCH PLAN	The TOWNERS CITY
2001/200	V VBLV
x) and 78320	TATI TATI
2 Y OURA 37 KR	
0)40000	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
PREFIE TO PO	LICH PAPORT [20000913/20/2-
ECLARATION	
	ulars are true in every respect. 10/10/2020
/We declare the foregoing particu	ulars are true in every respect. 10/10/2020
DECLARATION /We declare the foregoing particular of the fo	

GIARMC SketchPlanForm\_V3

# ACCIDENT STATEMENT

ACCIDENT DATE: (20,08, )02)(DD	(MM/YYYY), TIME: ( 19 : 15 )(HH:MM)
LOCATION: Alones CTR Town	ROL CITY
1. DETAILS OF VEHICLE ABLY 78	825
c)POLICY NUMBER:	Company of the compan
e)MAKE & MODEL:	THIRD PARTY / THIRD PARTY FIRE &THEFT)
g) VEHICLE CATEGORY: (PRIVATE / C h) PURPOSE OF USING AT ACCIDENT	TIME:
I) ARE YOU CLAIMING UNDER YOUR IF NO, PLEASE STATE (THIRD PARTY)	OWN INSURANCE (YES/NO) CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER A)NAME: ON S  D)NRIC/FIN/PASSPORT:	777-SIS (MALE / FEMALE)
c)ADDRESS:	CONTACT: BOUNGED
* CONTINUE TO 3.d IF DRIVER ALSO F	A second control
(Including driver) GINAME: SINAMA VON SO DINRIC/FIN/PASSPORT:	CONTACT: STIS TO
CJADDRESS:	
e)OCCUPATION: (INDOOR / OVTDO	OR)
<ol> <li>WAS DRIVER AN EMPLOYEE OF TH IF NO, RELATIONSHIP OF THE DRI</li> </ol>	VER WITH INSURED:
<ol> <li>GIWEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (DRY / WET / OTH)</li> </ol>	AINING / OTHERS
<ol> <li>WAS ANYBODY INJURED (XES / NO)</li> <li>GIREPORTED TO POLICE (YES / NO)</li> <li>IF YES, PLEASE STATE WHICH POLICE</li> </ol>	STATION: BYOUC
He of passenger of VEHICLE NUMBER: 088 3135	PMODEL:
( Including driver) b) DRIVER'S NAME:  ( ) NRIC/FIN/PASSPORT:  9. THIRD PARTY VEHICLE	CONTACT:
GNO of passanger d) VEHICLE NUMBER:	MODEL:
(Induding driver) f) DRIVER'S NAME:	CONTACT:

Cimail =

Pax =

VIDEO =





0200920/2012

Police Station Of Origin: Bedok South N.P.C

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

1 of 3

Report No. T/20200923/2012

REPORT	OF A	TRA	FFIC	ACCI	DENT
REPURI	UF	1111	1110	MOOI	

	ne Report N 20 08:15	lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ulars	<b>公司</b> (1) (1) (1) (1)	STATE OF STREET
	Informant: AN S/O MU	INIKANU	Address: APT BLK 521 BEDOK NORTH SINGAPORE 460521	H AVENUE 1 #07-286
	/ ID No.: D / S27129	71D	Contact No.: Home/Office:	Mobile: 81151312
National MALAYS			Email:	
Sex: Male	Age: 56	Date of Birth: 14/06/1964	Type of Informant: Driver	
Race: Indian	I mossification of the control of th		Language: English	Institution / School Name:
Occupat			Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2020 19:15	Type of Location Straight Road
Location: CENTRAL EX Weather:	PRESSWAY	Road Surface:		Road Speed Limit:
Clear Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wor	rking	Traffic Volume: Moderate
One way	ion:	1131113113113	JANUARY .	Anyone conveyed by ambulance:

Details of Vi	ehicle Invo	lved		THE RESIDENCE	Balling Value 1	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB3135R	Lorry				Slightly Damaged	3
GBG7832J	Van				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200923/2012

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

#### CONTINUATION OF REPORT

Name	SINNAVAN SIO M		San San	675 B		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SINNAVAN S/O MUNIKANU			ID No	0.	S2712971D
Related Vehicle	NIL					
	INIL:			Conta	act No.	81151312
Hospital/Clinic	NIL					
				Class Drivin Licen	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Data Disa			
	ted Medical Leave	1.00	Date Disc	narge	NIL	
ays grain	ed Medical Leave	NIL	Degree of	f Injury	NIL	

#### Brief Details.

On the 28/08/2020 at about 1915hrs, I was driving my company's van, GBG7832J, along CTE heading towards City direction before Braddell. At that time, I was driving at about 70km/hr at the 3rd lane of the

While driving, that is when all of a sudden, a lorry in front of my vehicle bearing plate number GBB3135R, a grey Toyota lorry, came to a sudden halt. I was taken aback by the sudden halt and quickly pressed the brake to stop my vehicle in order to avoid a collision. I also tried to swerve to the right onto lane 3 to avoid the said lorry. However, it was unsuccessful and the front left part of my vehicle hit onto the lorry's rear

Both of us then drive our vehicle onto the road shoulder and disembarked from our vehicle. We inspect the damages, took photo of the accident and both me and the lorry driver agreed to settle via insurance. I wish to state that we did not exchange our particulars at that time. After doing the needful, we left the location. I did not sustain any injuries from the said accident. The front left headlight and signal light of my vehicle were damaged and the cost is about SGD\$1300/-.

On the 21/09/2020, I was notified by my company that they received a letter from traffic police ref TP/IP/38845/2020 informing of the accident. I was advised to lodge a traffic accident report regarding the





3 of 3

Report No. T/20200923/2012

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

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 fay a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD NUR ISKANDAR BIN MUHD NUR GHAZALI LIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2020 08:15
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

#### Claim Handling Accident MT/1106197 Policy No. 5105906456-01 Vehicle No. G8G78321 Certificate No. GST Registration No. Poscyholder Name SAS COURSER & TRANSPORT SERVICES Product Code Policyholder NAJC COMMERCIAL VEHICLE INSURA 53054952W Cover Type Comprehensive Contact No.(Mobile) Loading 87151312 Contact No. (Office) 63419646 Email Address Contact No.(Home) Special Remark eCode No 13 Yes No v TCA M No Yes NCD Protection «Code Reason NCD Entitlement(%) 15 ▼ Accident Details Private Hire Report Date 10/10/2020 15:03 Accident Report Within 24 hrs. Yes Date of Accident Accident Type 20/08/2020 Collision - He Time of Accident hh:mm 19:15 Reporting Centre Country of Accident Singapore Orange Force Accident Location ICM No. ALONG CTE TOWARDS CITY Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 OD Standard Excess TP Standard Excess 600.00 YIED OD Excess 0.00 0.00 YIED TP Excess Additional Excess 0.00 Driver is Covered? Covered Tirtal OD Excess Applicable 600.00 Total TP Excess Applicable ♥ Benefits 0.00 □ GST Registered Information **GST Registered** GST Registration No. GST Registration Date **GST Status Vertfied** Madification History Ves → Policyholder Halling Address Address 1 BLK 521 #07-286 Address 2 BEDOK NORTH AVENUE 1 Allthess 4 Address 3 Address Type SINGAPORE Singapore address Unit No. Post Code +60521 Related Policy Number 5105906406-01 **▽** OI Driver Info Oriver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name SINNAVAN SZO MINIKANU Driver NRIC Register Date of Oriver License 527129710 Driver DOS 16/10/1997 14/06/1964 Driver Age Contact No.(Mobile) Driving Experience 22 Contact No. (Office) Address I Contact No. (home) BLK 521 #07-288 Address 2 BEDOK NORTH AVENUE I Address 4 Address 3 BUX 705 #09-183 SINGAPORE Address Type Foreign address 07-286 Post Code 460521 Does he own a Singapore Registered car? Ves @ No Driver Vehicle No. GBG78323 Driver Insurer Company NTUC Declaration Breathalyser or Blood Test Reading? Any injury? Yes M No **Hodification History** Claim 001 New Claim Type + SNS COURIER & TRANSPORT SI ARIS CO-MX Contact No.(Mobile) Contact No. (Hume) 82443782 Email Address Ot Vehicle GBG78323 Number Claim Description Nam Prefi GBG7832) / GB83135R ON 20 Aug 2020 Preferred Insured Liabisty Not at Fault Repair Preferred Workshop, Nar Option Workshop Coulet No. Yes Finalisation Yes Preferred Workshop, Name unknow GIA Received Date Registered 10/10/2020 15:15 Report Taken By MOSLI WAHAB E Print AK letter Save Submit Attachment Accident No. M7/1106197 Claim No. 001 Last Doc. Received ● Ves ○ No Upload Date 10/10/2020 15:16 Path . Choose File No file chosen Category \* Confidential Urgency \* Choose File No file chosen Clear Please Select Y NO ✓ Normal Clear Please Select Choose File No file chosen V NO v Normai Clear Please Select

w NO

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# Claim Handling(accident reporting Claim Task )

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9

Source

Attachment List					
Attachment	Uploaded By/Date	Category	P	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 3020 15:16	Photos		Normal	Photos 2020-10-10
-	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 15:16	Photos		Normal	Photos 2020-10-10
. 4	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2020 15:16	Photos		Normal	Photos 2020-10-10
g 1	NAC_PAYA_URL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2020 15:16	Photos		Normel	Photos 2020-10-10
	NAC_MYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2020 15:16	Photos		Normal	Photos 2020-10-10
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4	NAC_PAYA_URI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 15:16	Photos		Normal	Photos 2020-10-16
12	NAC_PAYA_URL_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 10 Oct 2020 15:15	Photos		Normal	Phetos 2020-10-10
-	NAC_MAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2020 15:15	Photos		Normal	Photos 2020-15-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2020 15:15	Photos		Normal	Photos 2020-10-10
The same	NAC_PAYA_URI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2020 15:18	Photos		Normal	Photos 2020-10-10
65 <b>105</b> 105 68	NAC_PAYA_UBI_BODGD1( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 7030 15:15	NRIC/ Driving License	٧	Normal	NRIC/ Driving License 1939-16-10
1	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Det 2020 15:15	SAS		Normal	SAS 2020-10-10
Video List					

Folder Date

Uploaded By/Date

File Name Display in New Window | Scan and uploading

**eBao**Tech Hello, NAC\_PAYA\_UBI\_800601 GeneralClaim My Desktop · Change Language · Change Password **Policy Query** + Log Out Notice of Loss Policy No. Date of Accident Vehicle Na.(For Motor) 20/08/2020 12:28 GBG78323 Certificate Number Search Certificate Number Select Policyholder Name Policy No. Policyholder NRIC Cover Type Vehicle No. Product Insured Object Commence Date SNS COURIER & TRANSPORT SERVICES 5105906406-01 53004952W GCV Comprehensive GBG78323 GBG78323 04/11/2019 03/11/2020 Continue