

NATIONAL Assessment Centre Services. (ver 1 Jan 200) MUA 40008891

Date In: 12/10/2020 11:54	Job description	Date & Time Completed	Done by
Ref No: NBS/2002001016/V	SAS e-illing		
Veh No: 188 1805R	E-mail (to/for this, AIC only)		
D.O.A: 16/10/2020 16:50	I-Motor Claims Form	M11106246-001	12/10/2020 14:01
OT: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wreck / INC Assign Wreck / OW: (	Tel: (	Fax: (
TP Particulars: (	Veh No: GBB 6762K	INC () / Non-INC ()
Owner / Driver: (	Tel: (
Policy No: (	Period: (	Cover Type: (
Consented 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 Refor 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:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	ING (\$10)
Damage Portion:	3) T: Towing Fee	\$10/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: TR: Inspection	\$75
	7) NI: NI: DA + EMRT Survey	\$160
	8) NTUC: Additional Services	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repairs Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (NI) / NG (NI) / NG (NI)	\$10
	2) NI: NI: Mobile	\$30
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/2

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	12/10/2020 11:04
Date Of Accident	06/10/2020 16:50
Exact Location Of Accident	ALONG LAVENDER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP7805R
Insured/Policyholder	
Name Of Registered Owner	KUAN CHI SENG
NRIC No	SXXXX202A
Email Address	CSK6960@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81092414
Alternative Phone No	OTHERS-81092414

Vehicle Particulars

Manufacturer	HONDA
Model	FS150F-149CC
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
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	5110151413-01
Cover Note Number	

Driver

Name of Driver	KUAN CHI SENG
NRIC No	SXXXX202A
Date Of Birth	31/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81092414
Fax Number	
Contact Number	OTHERS-81092414
Email Address	CSK6960@GMAIL.COM

Address	BLK 521 WOODLANDS DRIVE 14 #05-335
Postcode	730521
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 - CHANGE/CROSS LANE
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	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , 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/20201007/2089

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	GBB6762K
Vehicle Make/Model/Colour	FIAT DABLO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AMIN AL
NRIC/Passport Number	GXXXX017L
Contact Number	91689244
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KUAN CHI SENG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBP7805R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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.

10:59
12/10/2020
Policyholder's Signature
Date & Time:

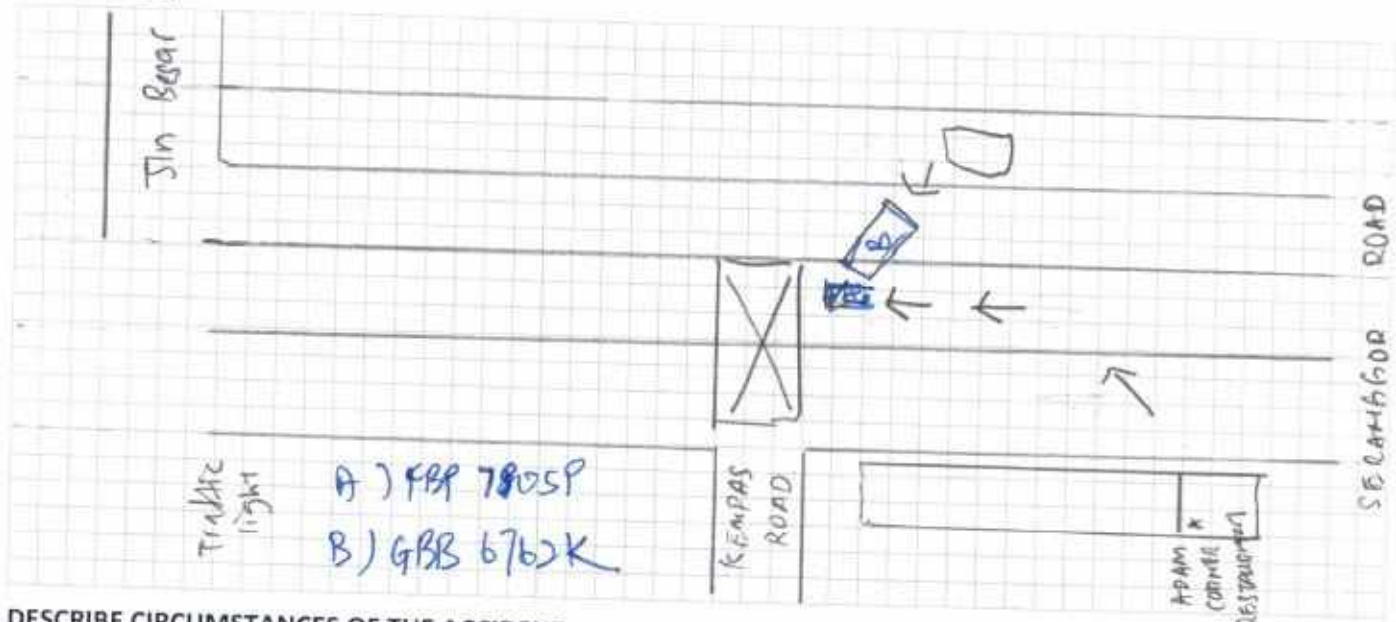
Driver's Signature
(If driver is not the policyholder)
Date & Time:

12/10/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

FLU KALIANIS

↑



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20201007/2089

DECLARATION

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

10:59
12/10/2020

Policyholder's Signature
Date & Time:

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

12/10/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 10 / 2020) (DD/MM/YYYY), TIME: (16 : 50) (HH:MM)

LOCATION: LAVENDER STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 7805 R
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5110151413 - 01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA RS 150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: KUAN CHI SENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7775202A CONTACT: 81092414
 c) ADDRESS: BLK 521, WOOLAND DR 14, #05-335
 730521 S'PORE

* 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: (31 / 08 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22 NOV 2007

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: WOOLAND WEST NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBB 6762 K MODEL: FIAT DOBLO
 b) DRIVER'S NAME: AMIN AL
 c) NRIC/FIN/PASSPORT: G8332017L CONTACT: 81689244

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = csk6960@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20201007/2089

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20201007/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2020 17:18		Vide Report No.: A/20201006/0100		Station Diary No.: 311	
Informant's Particulars					
Name of Informant: KUAN CHI SENG			Address: APT BLK 521 WOODLANDS DRIVE 14 #05-335 SINGAPORE 730521		
ID Type / ID No.: NRIC NO / S7775202A			Contact No.: Home/Office: Mobile: 81092414		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 31/08/1977	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DELIVERY			Driving Licence Information: Class: 2B,3,4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/10/2020 16:50	Type of Location: Straight Road
Location: LAVENDER STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBP7805R	Motorcycle	HONDA	FS150F	Black	Totally Damaged	0
GBB6762K	Van				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP7805R	NTUC Income Insurance Co-Operative Limited	5110151413-01	04/06/2020	03/06/2021



**SINGAPORE
POLICE FORCE**



T/20201007/2089

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20201007/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KUAN CHI SENG	ID No.	S7775202A
Related Vehicle	FBP7805R (Motorcycle)	Contact No.	81092414
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	06/10/2020	Date Discharge	07/10/2020
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On the 06/10/2020 at about 1650hrs, I was riding my motorcycle (FBP7805R) along the third lane (of 4 lanes) on Lavender street towards Jalan Besar.

While I was riding and out of a sudden, a white van (GBB6762K) from my right (believed to be driving on the second lane of four lanes) did a sudden change of lane from my right towards the third lane and at the front of my motorcycle without proper signaling. Due to the fact, the front of my motorcycle collided onto the left front passenger door area of the van. As a result of the collision, I flew off from my motorcycle.

I wish to state that my motorcycle was totally damaged and couldn't be ridden anymore and it was towed away. Ambulance was at scene however I did not want to be admitted to the hospital. I wish to state that the mentioned van suffer from dents and scratches on the mentioned collided area. No government property was damaged. Traffic Police was at scene (A/20201006/0100).

On the same day at about 2246hrs, I then visited Khoo Teck Puat Hospital for doctor's consultation as I felt pain upon going back home. I then conducted an X-Ray check and I was informed that I have a fracture on my rib cage area and I was given hospitalization leave from 06/10/2020 to 19/10/2020. 14 days of Medical Certificate (KHANE201882173). Therefore, I wish to lodge this report for record and insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20201007/2089

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20201007/2089

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:
L /
Sgt 2 SEAN NG WEE JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Signature Of Informant:

Date/Time:
07/10/2020 17:18

Classification Of Case:

Authentication Stamp
NP168



Claim Handling

Accident MT/1106296

Policy No.	5110151413-01	Vehicle No.	FBP7805R	GST Registrati
Certificate No.				
Policyholder Name	KUAN CHI SENG			Policyholder Ni
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	81092414	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
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(%)	10	Private Hire

▼ Accident Details

Report Date	12/10/2020 14:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/10/2020	Time of Accident hh:mm	16:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG LAVENDER STREET			

▼ 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 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 521 #05-335	Address 2	WOODLANDS DRIVE 14	Address 3
Address 4	SINGAPORE 730521	Address Type	Singapore address	Post Code
Unit No.	05-335	Related Policy Number	5110151413-01	

▼ OI Driver Info

Driver Name	KUAN CHI SENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7775202A	Driver DOB
Register Date of Driver License	22/11/2007	Driver Age	43	Driving Experi
Contact No.(Mobile)	81092414	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 521 #05-335	Address 2	WOODLANDS DRIVE 14	Address 3
Address 4	SINGAPORE 730521	Address Type	Singapore address	Post Code
Unit No.	05-335			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBP7805R	Driver Insurer

Declaration

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

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Benefit No.

Finalisation

Date Registered

Report Taken By

☐ Print AK letter

OD-MX	Insured Name	KU
81092414	Contact No. (Home)	
CSK6960@GMAIL.COM	OT Vehicle Number	FB
FBP7805R / G8B6762K ON 6 Oct 2020		

Insured Liability	Not at Fault	GIA report	Received	Claim Close Date
Preferred Workshop, Name unknown				
12/10/2020 14:04				
ROSLI WAHAB				

Save Submit

Attachment

Accident No.

MT/1106296

Last Doc. Received

☒ Yes ☐ No

Claim No.

001

Upload Date

12/10/2020 14:05

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Remove Photo

Clear

Clear

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Category *

Confider

Please Select

NO

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NO

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NO

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NO

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NO

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05	Photos	Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:04	Photos	Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:04	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:04	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:04	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:04	SAS	Normal	NRIC/ Driv

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/10/2020 14:08"/>
Vehicle No.(For Motor)	<input type="text" value="FBP7805R"/>	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"/>	5110151413-01		KUAN CHI SENG	S7775202A	GMC	Third Party, Fire & Theft	FBP7805R	FBP7805R	04/06/2020	03/06/2021