





## 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             | 13/10/2020 15:02    |
| Date Of Accident           | 06/10/2020 22:15    |
| Exact Location Of Accident | ALONG CLAYMORE ROAD |
| Country/State of Loss      | SINGAPORE           |

### DETAILS OF OWN VEHICLE

|                             |                              |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SMJ9612T                     |
| <b>Insured/Policyholder</b> |                              |
| Name Of Registered Owner    | SUPER STAR LIMO & CAR RENTAL |
| Co Reg No                   | 5XXXX119L                    |
| Email Address               | ACCESS281085@GMAIL.COM       |
| Mobile Phone No             | (LOCAL) +65-81122508         |
| Alternative Phone No        | OFFICE-81122508              |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | TOYOTA                    |
| Model  | NOAH HYBRID-1.8 X CVT (A) |
| 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                                       | 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             | 5108614334-01                          |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | NG KIM SIONG           |
| NRIC No              | SXXXX434Z              |
| Date Of Birth        | 28/10/1985             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 09/02/2010             |
| Driving Experience   | 10 YEARS AND 7 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-81122508   |
| Fax Number           |                        |
| Contact Number       | OTHERS-81122508        |
| Email Address        | ACCESS281085@GMAIL.COM |

|   |  |
|---|--|
| Address   | BLK 506 JURONG WEST STREET 52<br>#04-186 |
| Postcode  | 640506                                   |
| Was driver an employee of the Insured's Company     | NO                                       |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                            |
| Vehicle Registration Number of Driver's Own Vehicle | -  |
|   | -  |
| Insurance Company of Driver's Own Vehicle           | -  |
|   | -  |
|   | -  |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLIDED INTO PEDESTRIAN |
| 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                         | 1  |
| Was any body injured in the Accident?   | NO |
| Was any injured conveyed to hospital by ambulance?  | NO |
| Was any other material or property damaged?   | NO |
| 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                       | JOO CHIAT NEIGHBOURHOOD POLICE POST                         |
| Police Station Address                    | ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-3459999 - FAX NO: 64474181                     |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201007/2065

#### Attachment(s)

|   |                     |
|---|---------------------|
| Are accident photos available for attachment? | YES                 |
| Was there any video captured by Car Camera?   | YES                 |
| Remarks/ Reasons:                             | WITH POLICE OFFICER |
| Was there any audio recorded?                 | NO                  |



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

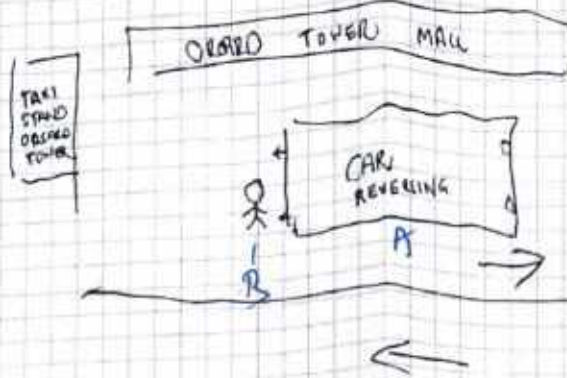


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A) SMJ 9612J  
B) PHOASDRIAN

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 1/20201007/2065

## DECLARATION

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

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.:





# SINGAPORE POLICE FORCE



T/20201007/2065

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

1 of 3

Report No. T/20201007/2065

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>07/10/2020 15:12 | Vide Report No.:<br>G/20201006/0153 | Station Diary No.:<br>12 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>NG KIM SIONG       |            |                              | Address:<br>APT BLK 506 JURONG WEST STREET 52 #04-186<br>SINGAPORE 640506 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S8534434Z |            |                              | Contact No.:<br>Home/Office: Mobile: 81122508                             |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:  |  |                            |
| Sex:<br>Male                             | Age:<br>34 | Date of Birth:<br>28/10/1985 | Type of Informant:<br>Driver  |  |                            |
| Race:<br>Chinese                         |            |                              | Language:   |  | Institution / School Name: |
| Occupation:<br>FULL TIME GRAB DRIVER     |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                  |  |                            |

**General Information of the Accident**

|   |                                     |                          |  |                                    |
|---|-------------------------------------|--------------------------|--|------------------------------------|
| Type of Accident:   | Non-Injury<br>Pedestrian / Cyclist  | Drink Drive:<br>No       | Date/Time of Accident:<br>06/10/2020 22:15 | Type of Location:<br>Straight Road |
| Location:<br><br>CLAYMORE ROAD                            |                                     |                          |  |                                    |
| Weather:<br>Clear   | Road Surface:<br>Dry                | Road Speed Limit:        |  |                                    |
| Traffic Flow:<br>Two Way                                  | Traffic Control:<br>Not Controlled  | Traffic Volume:<br>Light |  |                                    |
| Type of Collision:<br>Moving Vehicle Against - Pedestrian | Anyone conveyed by ambulance:<br>No |                          |  |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model                                   | Color | Condition    | No of Passenger |
|-------------|------|--------|---|-------|--------------|-----------------|
| SMJ9612T    | Car  | TOYOTA | NOAH<br>HYBRID 7-<br>SEATER<br>1.8X CVT | White | No<br>Damage | 0               |

**Details of Person Involved**

|                                 |                                |  |
|---------------------------------|--------------------------------|--|
| Any Pedestrian Involved: No     |                                |  |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |  |



Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

Report No. T/20201007/2065

**CONTINUATION OF REPORT**

| Driver                            |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| Name                              | NG KIM SIONG   | ID No.                                 | S8534434Z                       |
| Related Vehicle                   | SMJ9612T (Car) | Contact No.                            | 81122508                        |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | NIL                             |

**Brief Details.**

I am the driver of a white in colour Toyota Noah Hybrid bearing vehicle plate number (SMJ9612T).

On the 06/10/2020 at about 2215hrs to 2220hrs, I was driving my vehicle (SMJ9612T) along Claymore Rd and was stationary near to the taxi stand of Orchard Towers. I was waiting for my Grab passenger. When I received a Grab passenger notification which shows the passenger, further behind from my vehicle (SMJ9612T). As such to indicate to the passenger that my vehicle (SMJ9612T) was where it was, I intended to reverse slightly (about 1 to 2 meters).

I checked my blind spot and saw that it was clear to which I began reversing. I then heard a bump to the rear of my vehicle (SMJ9612T) and immediately stopped. A male subject walked towards my driver side window and spoke with me. The male subject informed me that I had "knocked into his elbow" and he called the Traffic Police. I verified with my rear in car camera that I did bump into the male subject and apologized to him.

I wish to state that I do have a front and rear in car camera in my vehicle (SMJ9612T). There are no damages to my vehicle (SMJ9612T).

There was attendance by Traffic Police and Ambulance. The Traffic Police officers secured my in car camera SD card and issued an acknowledgment slip to me. I do not know whether the male subject was conveyed to hospital by the ambulance.

The Traffic Police Investigation officer in charge of my case is an IO Syakir, Tel: 65476236.





**SINGAPORE  
POLICE FORCE**



T/20201007/2065

3 of 3

Report No. T/20201007/2065

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

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:

G /

Sgt 3 MOHAMED ZAMIL BIN MOHAMED ANIS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/10/2020 15:12

Classification Of Case:





VI  
SMJ612J  
TOYOTA NOAH  
white

SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/20201006/0153

I, SGT TO6384 ZULKIFLI

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TRAFFIC POLICE T/Q.

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 ONE "1ROAD" MICRO SD MEMORY CARD 32GB

2

3

4

5

6

7

8

9

10

from NG KIM SIONG, S8534434Z

(Name, NRIC or Passport No. / Rank and No.)

of BLK 506 JURONG WEST ST 52 #04-186, 640506

(Address / Police Station / NPC / NPP)

on 06/10/2020

(Date)

at 2323 HRS.

(Time)

Witnessed by / \* Handed over by:

(\* Delete if applicable)

(Signature)

81122508

(Signature)

NG, KIM SIONG, S8534434Z

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

Signature

SGT TO6384 ZULKIFLI (TP)

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

TP 10 IN-CHARGE CASE :- JO SYAKIR.

TEL: 65476236

LODGE ACCIDENT REPORT

# ACCIDENT STATEMENT

ACCIDENT DATE: 6 / 10 / 2020 (DD/MM/YYYY), TIME: 22 : 15 (HH:MM)

LOCATION: GRAND TOWER

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMT 9612 T  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5108614334-01-000002  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA NOAH  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
 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: SUPER STAR LIMO & CAR RENTAL (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: 5359119L CONTACT: 96333308  
 C) ADDRESS: 33 SIN MING LANE #06-76, MIDVIEW CITY  
SINGAPORE 572969

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: NG KIM SIONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 585344342 CONTACT: 81122508  
 c) ADDRESS: APT BLK 506 JURONG WEST STREET 52  
# 04-186 SINGAPORE 640506

\* d) DATE OF BIRTH: 28 / 10 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9 / 02 / 2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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: JOO CHIAT NPP

## 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: \_\_\_\_\_

email =

VIDEO



## Claim Handling

Accident MT/1106603

|                     |   |                     |   |                 |
|---------------------|---|---------------------|---|-----------------|
| Policy No.          | 5108614334-01   | Vehicle No.         | SMJ9612T  | GST Registrat   |
| Certificate No.     | 5108614334-01-000002  |                     |   |                 |
| Policyholder Name   | SUPER STAR LIMO & CAR RENTAL                                  |                     |   | Policyholder NI |
| Product Code        | FLEET MASTER INSURANCE  | Cover Type          | drive CLAS51C   | Loading         |
| Contact No.(Mobile) | 96233308  | Contact No.(Office) |   | Contact No.(Hi  |
| Email Address       |   | Special Remark      |   | eCode           |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason    |
| NCD Protection      | No  | NCD Entitlement(%)  | 0   | Private Hire    |

## ▼ Accident Details

|                   |                     |                                |       |                |
|-------------------|---------------------|--------------------------------|-------|----------------|
| Report Date       | 14/10/2020 18:09    | Accident Report Within 24 hrs. | Yes   | Accident Type  |
| Date of Accident  | 06/10/2020          | Time of Accident hh:mm         | 22:15 | Country of Acc |
| Reporting Centre  |                     | Orange Force                   |       | ICM No.        |
| Accident Location | ALONG CLAYMORE ROAD |                                |       |                |

## ▼ Total Excess Applicable

|                            |              |                            |          |                 |
|----------------------------|--------------|----------------------------|----------|-----------------|
| Excess Type                | Per Accident | Windscreen Excess          | 100.00   |                 |
| OD Standard Excess         | 2,000.00     | TP Standard Excess         | 1,500.00 |                 |
| YIED OD Excess             | 0.00         | YIED TP Excess             | 0.00     | Driver is Cover |
| Additional Excess          | 0            |                            |          |                 |
| Total OD Excess Applicable | 2000.00      | Total TP Excess Applicable | 1,500.00 |                 |

## ▼ Benefits

## ▼ GST Registered Information

|                      |   |                       |     |
|----------------------|---|-----------------------|-----|
| GST Registered       | No  | GST Registration Date |     |
| GST Registration No. |   | GST Status Verified   | Yes |
| Modification History | 14/10/2020 18:11:43 System changed GST Status Verified from No to Yes |                       |     |

## ▼ Policyholder Mailing Address

|           |                 |                       |                    |           |
|-----------|-----------------|-----------------------|--------------------|-----------|
| Address 1 | BLK 576 #12-506 | Address 2             | WOODLANDS DRIVE 16 | Address 3 |
| Address 4 |                 | Address Type          | Singapore address  | Post Code |
| Unit No.  | 12-506          | Related Policy Number | 5108614334-01      |           |

## ▼ OI Driver Info

|   |   |                     |                       |                |
|---|---|---------------------|-----------------------|----------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver        |                |
| Unnamed driver Name                     | NG KIM SIONG  | Driver NRIC         | S8534434Z             | Driver DOB     |
| Register Date of Driver License         | 09/02/2010  | Driver Age          | 34                    | Driving Exper  |
| Contact No.(Mobile)                     | 81122508  | Contact No.(Office) |                       | Contact No.(Hi |
| Address 1                               | BLK 506 #04-186   | Address 2           | JURONG WEST STREET 52 | Address 3      |
| Address 4                               | SINGAPORE 640506  | Address Type        | Foreign address       | Post Code      |
| Unit No.                                | 04-186  |                     |                       |                |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  | SMJ9612T              | Driver Insurer |

## Declaration

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

## Modification History

Claim 001

New

|                         |                                     |                                  |                  |
|-------------------------|-------------------------------------|----------------------------------|------------------|
| Claim Type *            | OD-MX                               | Insured Name                     | SU               |
| Contact No.(Mobile)     |                                     | Contact No. (Home)               | NI               |
| Email Address           |                                     | OI Vehicle Number                | SM               |
| Claim Description       | SMJ9612T / PEDESTRIAN ON 6 Oct 2020 |                                  |                  |
| Preferred Workshop      | Insured Liability                   | Fully at Fault                   |                  |
| Repair No. Finalisation | Preferred Repair Option             | Preferred Workshop, Name unknown | GIA report       |
| Date Registered         | Received                            | 14/10/2020 18:18                 | Claim Close Date |
| Report Taken By         | ROSLI WAHAB                         |                                  |                  |

☐ Print AK letter

Save Submit

## Attachment

Accident No. MT/1106603 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 14/10/2020 18:18

Path \*

Choose File No file chosen

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## Attachment List

| Attachment  | Uploaded By/Date   | Category              |   | Urgency |            |
|---|--|-----------------------|---|---------|------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | Photos                |   | Normal  | Phc        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | Photos                |   | Normal  | Phc        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | Photos                |   | Normal  | Phc        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | Photos                |   | Normal  | Phc        |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | Photos                |   | Normal  | Phc        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | Photos                |   | Normal  | Phc        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | Photos                |   | Normal  | Phc        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | Photos                |   | Normal  | Phc        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | Photos                |   | Normal  | Phc        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | NRIC/ Driving License | Y | Normal  | NRIC/ Driv |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>n 14 Oct 2020 18:18 | SAS                   |   | Normal  | 5/         |

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading



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="06/10/2020 18:04"/> |
| Vehicle No.(For Motor) | <input type="text" value="SMJ9612T"/> | Certificate Number | <input type="text"/>                          |

| Select                | Policy No.    | Certificate Number   | Policyholder Name            | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|----------------------|------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5108614334-01 | 5108614334-01-000002 | SUPER STAR LIMO & CAR RENTAL | 53359119L         | GFM     | drive CLASSIC | SMJ9612T    | SMJ9612T       | 12/04/2020    | 11/04/2021  |