

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA2005832

Date In: 04/1/2000 16:33	Job description	Date & Time Completed	Done by
Ref No: NA2005832	SAS e-Milling		
Veh No: SUB 8715R	E-mail (by date 3hrs, AIC 3hrs)		
D.O.A: 03/1/2000 18:00	I-Motor Claims Form	01/10/99 04:30	01/10/99 17:58
OID: TP Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKX 2871H	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 rapolier.

() 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: _____

Date: _____

Time: _____

Driver/Owner:	NA2005832	
Contact No:		
Damage Portion:		
QC Checked by (Engr-In-Charge):		
Available Comments:		
Ref. 1:		
Ref. 2:		

1) AIC: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PF: Follow-Through Survey (Resurvey)	\$30
For claim against INC Only (over 10 Jan 2000)	
6) TR: Re-inspection	\$75
7) NI: Ideal DA + SMRT Survey	\$160
8) NTUC Additional Services	
ON:	\$3
* NS: Courtesy Car / Tpl Allowance	\$10
* NS: Repair Coordination	\$25
* NS: Post Repair Inspection	\$3
* NS: DV / Collect Excess Coordination	\$20
TE (NI) / TP (over INC) against DMC	\$0
5) NI: Ideal Mobile	
Invoice dated	
Invoice dated	
Fax Charged	
Fax 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	04/11/2020 16:23
Date Of Accident	03/11/2020 18:00
Exact Location Of Accident	80 STRATHMORE OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8715R
Insured/Policyholder	
Name Of Registered Owner	TAI SOCK CHENG
NRIC No	SXXXX920F
Email Address	RENE_TAI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97850447
Alternative Phone No	OFFICE-97850447

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108545405-01
Cover Note Number	

Driver

Name of Driver	TAI SOCK CHENG
NRIC No	SXXXX920F
Date Of Birth	30/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2002
Driving Experience	17 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97850447
Fax Number	
Contact Number	OFFICE-97850447

Address	BLK 361 HOUGANG AVENUE 5 #02-308
Postcode	530361
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX2871H
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

• Nature Of Damage

No. Of Passenger (Including Driver)

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: 04/11/2020
16:20 PM

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20201104/2095

[The remaining lines of the form are crossed out with a large blue diagonal stroke.]

DECLARATION

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

[Signature]

04/11/2020
16:20 pm

[Signature] 04/11/2020
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 11 / 2020) (DD/MM/YYYY), TIME: (16:00pm) (HH:MM)

LOCATION: 80 Strathmore Open Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB8715R
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5108545405
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Volkswagen Golf
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE Car was parked
 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: TAI SOCK CHENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57779920F CONTACT: 97850447
 c) ADDRESS: B1K 361 Hougang Avenue 5 #01-309 Singapore 530361

* 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: (30 / 04 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03/12/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Hougang HPG Pukun Nanyang

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKX2871H 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 = rene-tai@yahoo.com.sg

VIDEO



SINGAPORE POLICE FORCE



T/20201104/2095

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20201104/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2020 17:09		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: TAI SOCK CHENG			Address: APT BLK 361 HOUGANG AVENUE 5 #02-308 SINGAPORE 530361		
ID Type / ID No.: NRIC NO / S7779920F			Contact No.: Home/Office: Mobile: 97850447		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 43	Date of Birth: 30/04/1977	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Interior designer		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/11/2020 18:00	Type of Location: Car Park
Location: STRATHMORE AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX2871H	Car	NISSAN		Silver	Slightly Damaged	0
SLB8715R	Car	VOLKSWAGO N	GOLF 1.4 TSI AT 5G13HZ HID SR	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201104/2095

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20201104/2095

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB8715R	NTUC Income Insurance Co-Operative Limited	5108545405-01	25/04/2020	24/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAI SOCK CHENG	ID No.	S7779920F
Related Vehicle	SLB8715R (Car)	Contact No.	97850447
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/11/2020 at 1500hrs, I parked my car, SLB8715R at opened spaced carpark located near Blk 80 Strathmore Ave. There was no car parked near both sides of my vehicle. My vehicle was in order. On the same day at 1800hrs, I returned to my car and discovered some scratches on the front right portion of my car. There is also a car (SKX2871H) parked head in on the right side of my car, with some scratches on the front right portion of said vehicle.

I suspect that said vehicle, SKX2871H, had collided with my vehicle and the driver left without leaving a note on my car. I wish to state that I had reversed parked my vehicle and my in-car camera was off as my car was switched off.



**SINGAPORE
POLICE FORCE**



T/20201104/2095

3 of 3

Report No. T/20201104/2095

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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:

D /
Staff Sgt MOHAMMED HARIS BIN MOHAMED
PAHORASI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Signature Of Informant:

Date/Time:
04/11/2020 17:09

Classification Of Case:

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7779920F



Name
TAI SOCK CHENG

戴 取 賴

Race
CHINESE
Date of Birth 30-04-1977 Sex F
Country of Birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7779920F

Name
TAI SOCK CHENG

Birth Date: 30 Apr 1977
Issue Date: 20 Dec 2003



8499383



NRIC No: S7779920F

Nationality
MALAYSIAN
Blood Group: Date of issue
30-01-2003

APT BLK 381 HOUGANG AVENUE 5 #02-308
SINGAPORE 530361

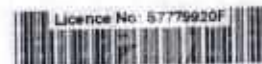
NRIC No: S7779920F Date: 31/10/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

VALID DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 03 Dec 2002

For LKK/NAC Use Only



NP 428A

Claim Handling

Accident MT/1109043

Policy No.	5108545405-01	Vehicle No.	SLB8715R	GST Registration No.
Certificate No.				
Policyholder Name	TAI SOCK CHENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97850447	Contact No.(Office)		Contact No.(Home)
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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	04/11/2020 16:36	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/11/2020	Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	80 STRATHMORE OPEN CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	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 361 #02-308	Address 2	HOUGANG AVENUE 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108545405-01	

▼ OI Driver Info

Driver Name	TAI SOCK CHENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7779920F	Driver DOB
Register Date of Driver License	02/02/2010	Driver Age	43	Driving Experience
Contact No.(Mobile)	97850447	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 361 #02-308	Address 2	HOUGANG AVENUE 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLB8715R	Driver Insurer Comp.

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		Insured Liability	Not at Fault	GIA report	Received	Claim Close Date	
Send to No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown			04/11/2020 17:55	
Date Registered							

OD-MX	Insured Name	TAI SOCK
97850447	Contact No. (Home)	NIL
rene_tai@yahoo.com.sg	Vehicle Number	SLB8715
SLB8715R / SKX2871H ON 3 Nov 2020		

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Attachment

Accident No. MT/1109043 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 04/11/2020 17:58

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:58	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:57	Photos	Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:56	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:56	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:56	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:56	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Nov 2020 17:56	SAS	Normal	SAS 20

Video List

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

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

• My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/11/2020 16:08"/>
Vehicle No.(For Motor)	<input type="text" value="SLB8715R"/>	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"/>	5108545405-01		TAI SOCK CHENG	S7779920F	GPC	drivo CLASSIC	SLB8715R	SLB8715R	25/04/2020	24/04/2021