

# NATIONAL Assessment Centre Services.

last 1 Jan 2021

NA2006022

Date In: 06/11/2020 18:18	Job description	Date & Time Completed	Done by
Ref No: N/A / MC 200/2225/4	SAS e-filing		
Veh No: 1673	E-mail (by date time, A/C time)		
D.O.A: 06/11/2020 14:35	I-Motor Claims Form	nr/110934-001	06/11/2020 18:33
OD: TP: Reporting Only	I-Motor W/O (with: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 8557816	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note: Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$9000] ( )

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver/Owner:	1) ARI Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/43
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Eng-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$73
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$3
	*NI: DV / Collect Excess Coordination	\$3
	TP (NI): TP (NI) INC against LRG	\$30
	5) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	



## 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	06/11/2020 18:18
Date Of Accident	05/11/2020 14:35
Exact Location Of Accident	SLIP RD FROM WOODLANDS AVE 1 TWRDS WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV767J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ISHAK BIN ABDUL RAHMAN
NRIC No	SXXXX590B
Email Address	ISHAKBLACK93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87840341
Alternative Phone No	OTHERS-87840341

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE
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
Fleet Policy	NO
Policy Number	5117945824
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ISHAK BIN ABDUL RAHMAN
NRIC No	SXXXX590B
Date Of Birth	08/03/1993
Occupation	INDOOR
Date Of Driving Pass	21/05/2014
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87840341
Fax Number	
Contact Number	OTHERS-87840341

Address	BLK 341 TAMPINES STREET 33 #06-266
Postcode	520341
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 - 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) 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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201106/7014

#### 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	SG5781J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ISHAK BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FV767J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

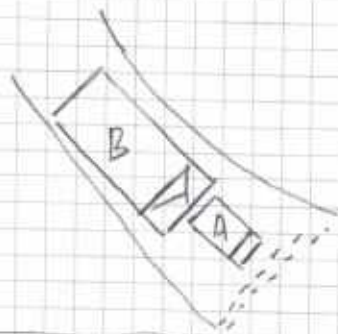
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

SKETCH PLAN

WOODLANDS AVENUE 1



A) FV 767J

B) SG 5781J

WOODLANDS AVENUE 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 1/20201106/7014

DECLARATION

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

184 6/11/20 1650

06/11/2022  
Keshi Mather



## ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 11 / 2020) (DD/MM/YYYY), TIME: (13 : 00) (HH:MM)

LOCATION: Woodlands Avenue 1

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV767J  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5117945824  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA WAVE 125  
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: MUHAMMAD ISHAK BIN ABDUL RAHMAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S93115908 CONTACT: 87840341  
c) ADDRESS: 81k 341 Woodlands Tampines Street 33  
#06-266 (520341)

\* 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: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21/05/

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: Woodland West NAC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: F SG5781J 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 = ishakblack73@gmail.com

VIDEO



# SINGAPORE POLICE FORCE



T/20201106/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20201106/7014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 15:02	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MUHAMMAD ISHAK BIN ABDUL RAHMAN			Address: 341 TAMPINES STREET 33 #06-266 SINGAPORE 520341	
ID Type / ID No.: NRIC NO / S9311590B			Contact No.: Home/Office: Mobile: 87840341	
Nationality: SINGAPORE CITIZEN			Email: ISHAKSSDC@GMAIL.COM	
Sex: Male	Age: 27	Date of Birth: 08/03/1993	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: Driving instructor/tester			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 05/11/2020 14:38	Type of Location: filter lane
Location:  WOODLANDS AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy	
Type of Collision: smrt bus hit my rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FV767J	Motorcycle	HONDA	wave 125	Black	Seriously Damaged	0
SG5781J	smrt bus	MAN		Green	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20201106/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20201106/7014

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV767J	NTUC Income Insurance Co-Operative Limited	5117945824	20/06/2020	19/06/2021

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ISHAK BIN ABDUL RAHMAN	ID No.	S9311590B
Related Vehicle	FV767J (Motorcycle)	Contact No.	87840341
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date	05/11/2020	Date	05/11/2020
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On 5/11/2020 at woodlands avenue 1 nearby blk 370 around 1 pm i met into accident at fliter lane when a smrt bus hit my bike from the back and i fall to the ground together with my bike.



**SINGAPORE  
POLICE FORCE**



T/20201106/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20201106/7014

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
06/11/2020 15:02

Classification Of Case:





**Khoo Teck Puat  
Hospital**

National Healthcare Group

90 Yishun Central,  
Singapore 768828  
Tel: (65) 6555 8000  
Fax: (65) 6602 3700  
Website: www.ktph.com.sg

**MEDICAL CERTIFICATE**

**ORIGINAL**

**KHANE201899808**

**NAME : MUHAMMAD ISHAK BIN ABDUL, RAHMAN**  
**NRIC : S9311590B**

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 05-Nov-2020 15:49 to 05-Nov-2020 18:32.

The above named is unfit for duty for a period of 5 day(s), from 05-Nov-2020 to 09-Nov-2020 inclusive.

This certificate is not valid for absence from court attendance.

Remarks :

05 Nov 2020 Dr Koh, Yu Le Joshua (62069F)

Date Issuing Doctor

A&E

Location

Doctor's Signature

Reg No. : 200717564H

Tear Along Here



**Khoo Teck Puat  
Hospital**

National Healthcare Group

90 Yishun Central,  
Singapore 768828  
Tel: (65) 6555 8000  
Fax: (65) 6602 3700  
Website: www.ktph.com.sg

**MEDICAL CERTIFICATE**

**DUPLICATE**

**KHANE201899808**

**NAME : MUHAMMAD ISHAK BIN ABDUL, RAHMAN**  
**NRIC : S9311590B**

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 05-Nov-2020 15:49 to 05-Nov-2020 18:32.

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This certificate is not valid for absence from court attendance.

Remarks :

05 Nov 2020 Dr Koh, Yu Le Joshua (62069F)

Date Issuing Doctor

A&E

Location

Doctor's Signature

Reg No. : 20071756411

## Claim Handling

Accident MT/1109314

Policy No.	5117945824	Vehicle No.	FV767J	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD ISHAK BIN ABDUL RAHMAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	87840341	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	06/11/2020 18:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/11/2020	Time of Accident hh:mm	14:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP RD FROM WOODLANDS AVE 1 TWRDS WOODLANDS AVE 2			

## ▼ 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 Covered?
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 341 #06-266	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-266	Related Policy Number	5117945824	

## ▼ OI Driver Info

Driver Name	Muhammad Ishak Bin Abdul Rahman	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9311590B	Driver DOB
Register Date of Driver License	01/01/2018	Driver Age	27	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 341 #06-266	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-266			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FV767J	Driver Insurer Comp.

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input 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	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			06/11/2020 18:31	
Date Registered							

OD-MX	Insured Name	MUHAMM
87840341	Contact No. (Home)	
ishakblack93@gmail.com	OI Vehicle Number	FV767J
FV767J / SG57811 ON 5 Nov 2020		



 Print AK letter

Save Submit

Attachment

Accident No.

MT/1109314

Claim No.

601

Last Doc. Received

☒ Yes ☐ No

Upload Date

06/11/2020 18:33

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

2000-2001

Category •

Confidential

Please Select

NO

Clear

Please Select

NO

Clear

Please Select:

NO	X
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Please Select

842

Please Select

Table 1

Close

Minors: Select

\_\_\_\_\_

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:33	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:33	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:33	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:33	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:33	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:32	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:32	NRIC/ Driving License	Y Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 18:32	SAS	Normal	SAS 30

▼ Video List

Uploaded By/Date	Folder Date	File Name	
			<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

05/11/2020 18:32

Vehicle No.(For Motor)

FV767J

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5117945824		MUHAMMAD ISHAK BIN ABDUL RAHMAN	S9311590B	GMC	Third Party	FV767J	FV767J	20/06/2020	19/06/2021