







## 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 Submission	14/12/2020 16:11 (SGT)
Date of Accident	11/12/2020 16:30 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8729Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHUN HOW
NRIC No	SXXXX964F
Email Address	civic_how@hotmail.com
Mobile Phone No	(Phone) +65-98211157
Alternative Phone No	+65-98211157

#### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Gsx-s1000
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5111094097-01
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHUN HOW
NRIC No	SXXXX964F

Date Of Driving Pass	02/04/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98211157
Alt. Phone Number	+65-98211157
Email Address	civic_how@hotmail.com
Address	BLK 385 BUKIT BATOK WEST AVENUE 5
Address complement	#22-340
Postcode	650385
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201211/2135

#### 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	SH8782G
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN HOCK WENG FRANCIS

Contact Number	(Phone) +65-93916697
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TAN CHUN HOW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBK8729Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

### 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

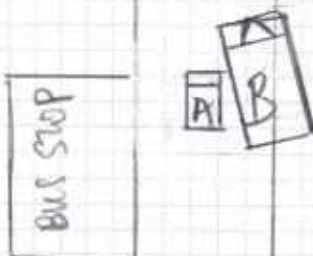
Policyholder's Signature / Date & Time  
1255HRS

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

ALONG BOON LAY WAY




A) FBK 8729Y  
B) SH 8782G

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT 7/20201211/7135

**Declaration**

We declare the foregoing particulars are true in every respect.

 14/12/2020  
1256HRS.

 14/12/2020



## ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 12 / 2020) (DD/MM/YYYY), TIME: (16 : 30) (HH:MM)

LOCATION: BOON LAY WAY

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 8729Y  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5111094097-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SUZUKI GSX51000A26  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE / 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: TAN CHUN HOW (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8069964F CONTACT: 98211157  
c) ADDRESS: 385, BUKIT BATOK WEST AVENUE 5  
#22-340 S(650385)

\* 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: (27 / 04 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/4/2019

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: HONG KAH NORTH NPP

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 8782G MODEL: HYUNDAI i40  
b) DRIVER'S NAME: TAN HOCK WENG FRANCIS  
c) NRIC/FIN/PASSPORT: S1293642G CONTACT: 93916697

### 9. THIRD PARTY VEHICLE

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

Email: civic\_how@hotmail.com

VIDEO



# SINGAPORE POLICE FORCE



T/20201211/2135

1 of 3

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20201211/2135

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2020 21:28	Vide Report No.:	Station Diary No.: 36
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<b>Informant's Particulars</b>			
Name of Informant: TAN CHUN HOW		Address: APT BLK 385 BUKIT BATOK WEST AVENUE 5 #22-340 SINGAPORE 650385	
ID Type / ID No.: NRIC NO / S8069964F		Contact No.: Home/Office: Mobile: 98211157	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 27/04/1980	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: CERTIS CISCO		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2020 16:30	Type of Location: STRAIGHT ROAD TOWARDS JURONG TOWN HALL, NEAR A BUS STOP
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:		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
FBK8729Y	Motorcycle	SUZUKI	GSX-S1000AL6	Blue	Slightly Damaged	0
SH8782G	TAXI				Slightly Damaged	1





Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20201211/2135

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK8729Y	NTUC Income Insurance Co-Operative Limited	5111094097-01	11/09/2020	10/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	TAN CHUN HOW		ID No.	S8069964F
Related Vehicle	FBK8729Y (Motorcycle)		Contact No.	98211157
Hospital/Clinic	ONECARE CLINIC BOON LAY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/12/2020		Date Discharge	NIL
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Driver				
Name	TAN HOCK WENG FRANCIS		ID No.	S1293642G
Related Vehicle	NIL		Contact No.	93916697
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

**Brief Details.**

On 11/12/2020 at about 1630hrs, I was riding my motorcycle (registration number: FBK8729Y) along Boon Lay Way towards Jurong Town Hall along lane 3. When I was near to a bus stop, which I do not remember the bus stop number, a taxi (registration number: SH8782G) driving on lane 2 suddenly made a left signal and immediately changed to lane 3. As it was too sudden, I didn't manage to stop in time and the taxi's left side hit onto my motorcycle.

Due to the impact, I skidded and suffer abrasions on my left elbow, left shoulder and left leg. I had went to OneCare Clinic Bukit Gombak and was given 5 days MC from 11/12/2020 till 15/12/2020.



**SINGAPORE  
POLICE FORCE**



T/20201211/2135

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

3 of 3

Report No. T/20201211/2135

**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:

J /

Sgt 2 MUHAMMAD MUJAHID BIN SAMSUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

11/12/2020 21:28

Classification Of Case:

Authentication Stamp

NP168

CHIEF OF POLICE





TRAFFIC POLICE  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No.	:	T/20201211/2135	Name	:	TAN CHUN HOW
Accident Date/Time	:	11.12.2020/1630hrs	Address	:	Blk 385 Bukit Batok West
Vehicle(s) Involved	:	FBK8739Y		:	Avenue 5 #22-340
		SH8782G	NRIC No	:	S8069964F
			Tel No	:	98211157
			Date	:	12/12/2020

Dear Sir / Madam

Accident involving FBK8739Y and SH8782G  
along Boon Lay Way towards Jurong Townhall Road on 11/12/2020 at 1630 hours

With reference to the above, I have on 11/12/2020 (date) 2128 hours (time) make a  
police report at Hong Kah North NPP (Police Station/NPP/NPC)  
In NP 168 – T/20201211/2135

On 12/12/2020 (date), 1650 hours (time) at Hong Kah North NPP  
(Police Station/NPP/NPC), I make the following amendments to the above report;  
The taxi driver changed lane to lane 3 to drop off passenger. Due to the impact, I skidded and  
suffered abrasions on my right elbow, right shoulder and right leg. I wish to state that point of  
Time, there was a bus (Service number: 180) behide my motorcycle. There is a camera on the  
bus which can assist in the investigation.

Yours Faithfully,

(Signature)

**FOR OFFICIAL USE**

If a police officer recorded these amendments, please complete the following.

Name / Rank No	:	SSSgt Ashraf
Date and Time	:	12/12/2020 at 1905hrs
Station Dairy No	:	21
Signature	:	

HONG KAH NORTH NPP  
BLK 370 BUKIT BATOK STREET 31  
SINGAPORE 650370  
TEL: 1800-567 9990

**OneCare Clinic Bukit Gombak MRT**  
802 Bukit Batok West Avenue 5 #01-16 Singapore 659083  
Tel: 62558472 | Fax: 62506502 | Email:  
gombakmrt@onecaremedical.com.sg

## **MEDICAL CERTIFICATE**

This is to certify that **TAN CHUN HOW (S8069964F)** is under treatment by me.

### **Unfit For Duty**

Outpatient Leave: 5 Days From 11-12-2020 To 15-12-2020

Certified By:  
Locum

Certificate No: MC/728040

Date of Visit: 11-12-2020

Date of Issue: 11-12-2020

### **Note:**

This certificate is not valid for absence from court.

This certificate is electronically generated. No signature is required.



OneCare Clinic Bukit Gombak MRT Pte Ltd

802 Bukit Batok West Avenue 5 #01-16 Tel: 6255-8472

Bukit Gombak MRT Station FAX: 6250-6502

Registry 1619083



## Claim Handling

Accident MT/1113547

Policy No.	5111094097-01	Vehicle No.	FBK8729Y	GST Registration No.
Certificate No.				
Policyholder Name	TAN CHUN HOW			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	98211157	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	14/12/2020 16:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/12/2020	Time of Accident hh:mm	16:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BOON LAY WAY			

## ▼ 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 385 #22-340	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3
Address 4	SINGAPORE 650385	Address Type	Singapore address	Post Code
Unit No.	22-340	Related Policy Number	5111094097-01	

## ▼ OI Driver Info

Driver Name	TAN CHUN HOW	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8069964F	Driver DOB
Register Date of Driver License	30/03/2016	Driver Age	40	Driving Experience
Contact No.(Mobile)	98211157	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 385 #22-340	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3
Address 4	SINGAPORE 650385	Address Type	Singapore address	Post Code
Unit No.	22-340			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBK8729Y	Driver Insurer Comp.

## Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN CHU
Contact No.(Mobile)	98211157	Contact No.(Home)	
Email Address	CIVIC_HOW@HOTMAIL.COM	Vehicle Number	FBK8729
Claim Description	FBK8729Y / SH8782G ON 11 Dec 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Service No. Finalisation	Yes	Preferred	
Date Registered	14/12/2020 16:15	Repair Option	Preferred Workshop, Name unknown
		GIA report	Received
		Claim Close Date	

 Print AK letter

Save Submit

Submit

## Attachment

Accident No.	MT/1113547	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/12/2020 16:18

Path •

Category •

Confidential

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

Frequency Band

Clear

Please Select

NO.	NAME
-----	------

Please Select

☐ NO

Clear

Please Select

NO 

Please Select


















☐ No ☐ Yes

Please Select

ND Please Select 

NO	K
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:18	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:17	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:17	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Dec 2020 16:16	NRIC/ Driving License	Normal	NRIC/ Driving License



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
n 14 Dec 2020 16:16

SAS

Normal

SAS 202

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.

Date of Accident

11/12/2020 15:44

Vehicle No.(For Motor)

FBK8729Y

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111094097-01		TAN CHUN HOW	S8069964F	GMC	Third Party, Fire & Theft	FBK8729Y	FBK8729Y	11/09/2020	10/09/2021