

NATIONAL Assessment Centre Services

Ref: J3-123

3109200000

Date In: 19/12/2020 16:41	Job description	Date & Time Completed	Done by
Ref No: NA/2000/4146/Y	SAS e-filing		
Veh No: SMG 3854P	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 18/12/2020 19:03	I-Motor Claim Form	MT 1114327-001	19/12/2020
OD (TP) : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:46
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMG 803J	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%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:	INC No: 67886616	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury:

Date/Time	Actions

NA2100155	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Customer's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N1: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee 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 Submission	19/12/2020 16:41 (SGT)
Date of Accident	18/12/2020 19:03 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ3854P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW CHEE KEONG
NRIC No	SXXXX379J
Email Address	normancck@gmail.com
Mobile Phone No	(Phone) +65-92364988
Alternative Phone No	+65-92364988

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113889772-01
Cover Note Number	-

DRIVER

Name of Driver	CHEW CHEE KEONG
NRIC No	SXXXX379J
Date Of Birth	19/09/1971
Occupation	Outdoor

Date Of Driving Pass	30/01/1992
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92364988
Alt. Phone Number	+65-92364988
Email Address	normancck@gmail.com
Address	BLK 455A ANG MO KIO STREET 44
Address complement	#08-03
Postcode	561455
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201219/2005.

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	SMG803J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC2458P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SIM HOCK SOON
NRIC No	SXXXX065J
Contact Number	-
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	CHEW CHEE KEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMQ3854P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

- #### 8. Consent under the Personal Data Protection Act (PDPA)

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

Witnessed by Reporting Centre
Personnel

CTR TOWARDS SUN

A) SMG 3854P

B) ~~B~~ SMG 803J

C) SHC 2458J


A		
B		
C		

Describe Circumstances of the Accident


REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.


1600
19/12/20
Policyholder's Signature / Date & Time

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


19/12/2020
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 18/12/2020 (DD/MM/YYYY), TIME: 19:02-03 (HH:MM)

LOCATION: CTE Tanjong Pagar

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA 3854P
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5113889772-D1
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Honda Shuttle Hybrid
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 19:02-03
 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: CHEN CHEE KEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 8713437917 CONTACT: 92364989
 c) ADDRESS: BLK 451A ANG MO KIO ST 44
#02-03 (S) 561411

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEN CHEE KEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 8713437917 CONTACT: 92364989
 c) ADDRESS: BLK 451A ANG MO KIO ST 44
#02-03 (S) 561411

*d) DATE OF BIRTH: 19/09/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01

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: A.M.K

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMA 8031 MODEL: BMW
 b) DRIVER'S NAME: CHEN CHEE KEONG
 c) NRIC/FIN/PASSPORT: 8713437917 CONTACT: 92364989

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHC 2458P MODEL: Taxi
 e) DRIVER'S NAME: CHEN CHEE KEONG
 f) NRIC/FIN/PASSPORT: 8713437917 CONTACT: 92364989

Email = normanceck@gmail.com

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20201219/2005

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 4

Report No. T/20201219/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2020 01:28	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: CHEW CHEE KEONG			Address: APT BLK 455A ANG MO KIO STREET 44 #08-03 SINGAPORE 561455		
ID Type / ID No.: NRIC NO / S7134379J			Contact No.: Home/Office: Mobile: 92364989		
Nationality: SINGAPORE CITIZEN			Email: normancck@gmail.com		
Sex: Male	Age: 49	Date of Birth: 19/09/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/12/2020 19:05	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2458P						0
SMG803J						0
SMQ3854P		HONDA	SHUTTLE HYBRID 1.5 AUTO	Silver		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ3854P	NTUC Income Insurance Co-Operative Limited	5113889772-01	13/11/2020	12/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM HOCK SOON	ID No.	S0023065J
Related Vehicle	SHC2458P	Contact No.	NIL
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
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SMG803J	Contact No.	NIL
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
Driver			
Name	CHEW CHEE KEONG	ID No.	S7134379J
Related Vehicle	SMQ3854P	Contact No.	92364989
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	18/12/2020	Date Discharge	18/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20201219/2005

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 4

Report No. T/20201219/2005

CONTINUATION OF REPORT

Brief Details.

On 18/12/2020 at about 1902hours, I was driving my grab vehicle(SMQ3854P) along CTE tunnel and my vehicle stopped at the furthest left lane of CTE tunnel before the exit towards Clemenceau Road due to vehicle congestion. At that point of time there was a passenger inside my vehicle. Suddenly I felt a impact on my vehicle and I came down of my vehicle and discovered a BMW(SMG803J) collided onto my vehicle. I make a checked and came to notice that a taxi(SHC2458P) was behind the BMW(SMG803J) and the taxi collided on to the BMW vehicle and due to that collision, the BMW vehicle surged forward and collided on to mine.

No one was injured at that point of time. All drivers came out of the vehicles but I only managed to take the particulars of the taxi driver. I also take photos of both BMW vehicle and Taxi.

After the accident, all of us left the scene. Half an hour later, I felt uncomfortable on my neck, shoulder and right wrist area as well as feeling abit of dizziness and decided to consult a doctor at Mount Alvernia Hospital. I was then given 5 days MC.

I wish to state that I have informed my passenger to see doctor and make a report if she fell unwell.

I also wish to state that I tried calling Grab company starting from 1907hrs several times to inform them about this accident however no one pick up. I only managed to contact them at 2037hrs which is one an a half hours later to inform them about this matter.



**SINGAPORE
POLICE FORCE**



T/20201219/2005

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

4 of 4

Report No. T/20201219/2005

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:
F /
Sgt 3 ELAINE ONG EE LING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

19/12/20

Date/Time:
19/12/2020 01:28

Classification Of Case:

Claim Handling

Accident MT/1114327

Policy No.	S113889772-01	Vehicle No.	SMQ3854P	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW CHEE KEONG			Policyholder NRIC	S71343791
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92364988	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<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(%)	30	Private Hire	Yes

▼ Accident Details

Report Date	19/12/2020 16:35	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	18/12/2020	Time of Accident (hh:mm)	19:03	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	CTE TOWARDS SLE				

▼ 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 Covered?	Covered
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			

▼ Policyholder Mailing Address

Address 1	BLK 455A #08-03	Address 2	ANG MO KIO STREET 44	Address 3	TECK GHEE PARKVI
Address 4	SINGAPORE 561455	Address Type	Singapore address	Post Code	561455
Unit No.	08-03	Related Policy Number	S113889772-01		

▼ O1 Driver Info

Driver Name	CHEW CHEE KEONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S71343791	Driver DOB	19/09/1971
Register Date of Driver License	30/01/1993	Driver Age	49	Driving Experience	29
Contact No.(Mobile)	92364988	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 455A #08-03	Address 2	ANG MO KIO STREET 44	Address 3	TECK GHEE PARKVI
Address 4	SINGAPORE 561455	Address Type	Singapore address	Post Code	561455
Unit No.	08-03				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMQ3854P	Driver Insurer Company	NTUC

Declaration

Breathalyzer 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 *	OD-MX	Insured Name	CHEW CHEE KEONG	Insured NRIC	
Contact No.(Mobile)	92364988	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	NORMANCK@GMAIL.COM	Vehicle Number	SMQ3854P	TP	
Claim Description	SMQ3854P / SMG8033 ON 18 Dec 2020				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	19/12/2020 16:45	Date Received	
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment


Accident No.	MT/1114327	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2020 18:46

[illegible]

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:46	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:46	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:46	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:46	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	Photos		Normal	Photos 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-19
	NAC_PAYA_UBI_806601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Dec 2020 16:45	SAS		Normal	SAS 2020-12-19

▼ Video List

Uploaded By/Date	Folder/Date	File Name		Source
		<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.	<input type="text"/>	Date of Accident	<input type="text" value="18/12/2020 15:52"/>							
Vehicle No.(For Motor)	<input type="text" value="SMQ3854P"/>	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"/>	5113889772-01		CHEW CHEE KEONG	S71343793	GPC	drive CLASSIC	SMQ3854P	SMQ3854P	13/11/2020	12/11/2021
<input type="button" value="Continue"/>										