

NATIONAL Assessment Centre Services.

Surf 1 Jan 2001

SN/0820080001

Date In: 08/12/2020 10:10	Job description	Date & Time Completed	Done by
Ref No: N/A / NC20014444	SAS e-illing		
Veh No: 8418K	E-mail (Adjust 3hrs, A/C 3hrs)		
D.O.A: 09/12/2020 05:05	I-Motor Claim Form	08/12/2020	
DI TP: Reporting Only	I-Motor W/O (With: OD 3hrs, TP 4hrs)	10:17	
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkup / INC Assgn Wkup / QW: (Tel: (Fax: (
TP Particulars: Vch No: SHD 6166.A	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 > \$3000] ()		

Injury: ()

Driver/Owner: ()

Contact No: ()

Damage Portion: ()

QC Checked by (Engr-In-Charge): ()

NA2100035	1) AIT Accident Reporting (\$30)	
	2) DA1 Damage Assessment (\$100)	INC (10)
	3) T1 Towing Fee	\$120
	4) PT1 Follow-Through Survey	\$30
	5) PT1 Follow-Through Survey (Resurvey)	\$30
	6) TR1 Re-inspection	\$140
	7) NI1 Idea DA + SMRT Survey	
	8) NIUC Additional Services	
	9) NI11 Idea Mobile	
	10) NI11 Idea Mobile	
	11) NI11 Idea Mobile	
	12) NI11 Idea Mobile	
	13) NI11 Idea Mobile	
	14) NI11 Idea Mobile	
	15) NI11 Idea Mobile	
	16) NI11 Idea Mobile	
	17) NI11 Idea Mobile	
	18) NI11 Idea Mobile	
	19) NI11 Idea Mobile	
	20) NI11 Idea Mobile	

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	08/12/2020 10:10 (SGT)
Date of Accident	07/12/2020 05:05 (SGT)
Exact Location of Accident	West Coast Rd, Singapore
Additional Location Information	CLEMENTI AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8418K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHRISTOPHER VINCENT @CHRISTOPHER S/O VINCENT
NRIC No	SXXXX018A
Email Address	kkuchris@gmail.com
Mobile Phone No	(Phone) +65-97835978
Alternative Phone No	+65-97835978

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Wave
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	5062319452-07
Cover Note Number	-

DRIVER

Name of Driver	CHRISTOPHER VINCENT @CHRISTOPHER S/O VINCENT
NRIC No	SXXXX018A

Date Of Driving Pass	15/11/2007
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97835978
Alt. Phone Number	+65-97835978
Email Address	kkuchris@gmail.com
Address	BLK 707 #09-383
Address complement	WEST COAST ROAD
Postcode	120703
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 - Cross Junction
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	Clementi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201207/2095

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	SHD6166
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHEN YEN QUEON

Contact Number	
Address	(Phone) +65-90230782
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	CHRISTOPHER VINCENT @CHRISTOPHER S/O VINCENT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH8418K
Were seat belts worn?	No
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.
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 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' 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.

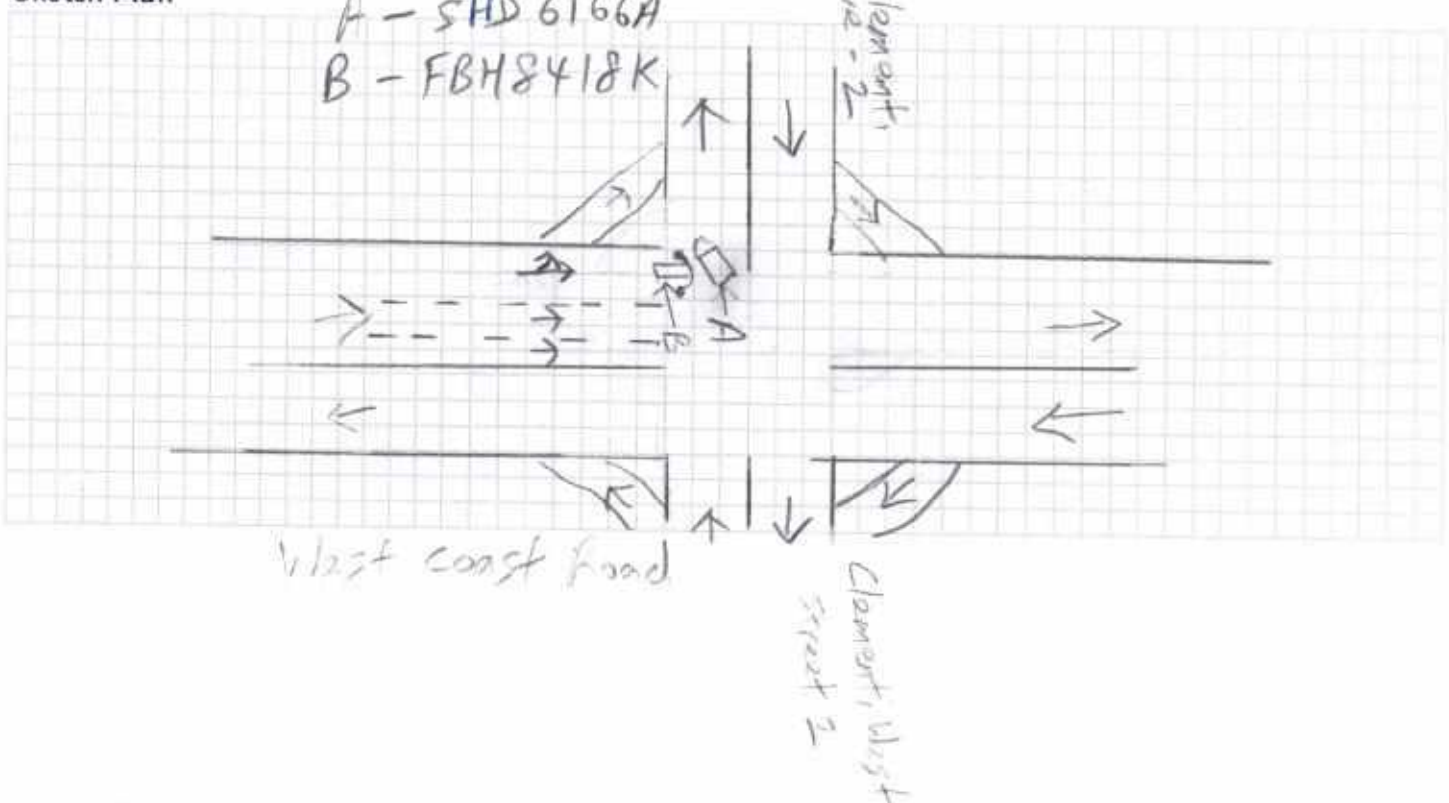
07/12/2020

Policyholder's Signature / Date & Time
04:50pm

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

07/12/2020
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


REFR/20 POLICIA REPORT 7/2020/207/2095

Declaration

We declare the foregoing particulars are true in every respect.

 07/02/2020
Policyholder's Signature / Date &
Time 0450pm

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

 07/02/2020
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 07/12/2020 (DD/MM/YYYY), TIME: 05:05 (HH:MM)

LOCATION: West Coast Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 8418K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5062319452-05
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: CHRISTOPHER VINCENT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7366018A CONTACT: 97835978
c) ADDRESS: BLK 703 West Coast Road
#09-383 Singapore 120703

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHRISTOPHER VINCENT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7366018A CONTACT: 97835978
c) ADDRESS: BLK 703 West Coast Road
#09-383 Singapore 120703

*d) DATE OF BIRTH: 09/09/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: Clementi NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 6166A MODEL: TOYOTA
b) DRIVER'S NAME: CHEW YEN CHEONG
c) NRIC/FIN/PASSPORT: S0453811J CONTACT: 90230782

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(3)

* No of passenger
(including driver)
()

Email: kkuchris@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20201207/2095

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

1 of 3

Report No. T/20201207/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2020 15:38		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: CHRISTOPHER VINCENT			Address: APT BLK 703 WEST COAST ROAD #09-383 SINGAPORE 120703		
ID Type / ID No.: NRIC NO / S7366018A			Contact No.: Home/Office: Mobile: 97835978		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 47	Date of Birth: 09/09/1973	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: NEWSPAPER VENDOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2020 05:05	Type of Location: X-Junction
Location: WEST COAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
FBH8418K	Motorcycle	HONDA	ANF125MSS A	Red		0
SHD6166A	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8418K	NTUC Income Insurance Co-Operative Limited	5062319452-07	19/10/2020	18/10/2021



**SINGAPORE
POLICE FORCE**



T/20201207/2095

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Report No. T/20201207/2095

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHRISTOPHER VINCENT	ID No.	S7366018A
Related Vehicle	FBH8418K (Motorcycle)	Contact No.	97835978
Hospital/Clinic	WEST COAST CLINIC & SURGERY (WEST COAST)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/12/2020	Date Discharge	07/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHEW YEN CHEONG	ID No.	S0453811J
Related Vehicle	SHD6166A (Car)	Contact No.	90230782
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 07/12/2020 at about 0505hrs, I was riding along West Coast Road towards Clementi Road. As I was approaching the traffic light junction of Clementi Ave 2, I collided into the side of a taxi which was from the opposite direction and turning right towards Clementi Ave 2. The said taxi did not even stopped to check for oncoming traffic before turning right. I did not fall down at all. I then asked why the driver did not stop and he replied that he was looking at a lorry which was at Clementi West St 2 and forgot to stop.

We then exchanged particulars and left. I then went to see a doctor and was given 3 days of MC as I my left calf was swollen.



**SINGAPORE
POLICE FORCE**



T/20201207/2095

3 of 3

Report No. T/20201207/2095

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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 /

Sgt 2 MUHAMMAD SYAHMI BIN SENIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Signature Of Informant:

Date/Time:

07/12/2020 15:38

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1112769

Policy No.	5062319452-07	Vehicle No.	FBH8418K	GST Registration No.
Certificate No.				
Policyholder Name	CHRISTOPHER VINCENT @CHRISTOPHER S/O VINCENT			
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC
Contact No.(Mobile)	97835978	Contact No.(Office)		Loading
Email Address		Special Remark		Contact No.(Home)
KPK	No Yes	TCA	No Yes	eCode
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason
				Private Hire

▼ Accident Details

Report Date	08/12/2020 10:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/12/2020	Time of Accident hh:mm	05:05	Country of Accident
Reporting Centre		Gauge Force		ICH No.
Accident Location	JUNCTION OF WEST COAST ROAD AND CLEMENTI AVENUE 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
Additional Excess			Driver Is Covered?
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 515 #13-527	Address 2	WEST COAST ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-527	Related Policy Number	5062319452-07	

▼ OI Driver Info

Driver Name	CHRISTOPHER VINCENT @CHRISTOPHER S/O VINCENT	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7366018A	Driver DOB
Register Date of Driver License	26/05/2000	Driver Age	47	Driving Experience
Contact No.(Mobile)	97835978	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 515 #13-527	Address 2	WEST COAST ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-527			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBH8418K	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes 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	
Finalisation	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered			Received

OD-MX	Insured Name	CHRISTO
97835978	Contact No. (Home)	NIL
kkhchris@gmail.com	OT Vehicle Number	FBH8418
FBH8418K / SHD6166A ON 7 Dec 2020		

08/12/2020 10:14	Claim Close Date
------------------	------------------

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Attachment

Save Submit

Accident No.	MT/1112769	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/12/2020 10:17
Path * <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Message Board</div> </div>		Category * <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div>	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:17	Photos	Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:16	Photos	Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:16	Photos	Normal	Photos 2

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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:14	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 08 Dec 2020 10:14	SAS	Normal	SAS 20

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Policy Query

Policy No.	<input type="text"/>	Date of Accident:	<input type="text" value="07/12/2020 09:52"/>
Vehicle No. (For Motor)	<input type="text" value="FBH8418K"/>	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"/>	5062319452-07		CHRISTOPHER VINCENT @CHRISTOPHER S/O VINCENT	S7366018A	GMC	Third Party, Fire & Theft	FBH8418K	FBH8418K	19/10/2020	18/10/2021