

# NATIONAL Assessment Centre Services

Ref: J21024

NA20000005

Date In: 11/12/2020 13:10	Job description	Date & Time Completed	Done by
Ref No: NBA/MC200/460814	SAS e-filing		
Veh No: SJP 855K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 02/07/2019 06:40	I-Motor Claim Form	11/12/2020 13:12	
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SHC 10K	INC ( ) / Non-INC ( )
Owner / Driver: (		
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 repaler.

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

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

Remarks: (INC hotline: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

NA2000094

Client's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30			
	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:-			
	ON:			
	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N11 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 ..... 11/12/2020 13:10 (SGT)  
Date of Accident ..... 02/07/2019 06:40 (SGT)  
Exact Location of Accident ..... Choa Chu Kang Rd, Singapore  
Additional Location Information ..... TOWARDS BUKIT PANJANG  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJP8555K

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SUBBURAYAN  
NRIC No ..... SXXXX751Z  
Email Address ..... shaliniinaidu2690@gmail.com  
Mobile Phone No ..... (Phone) +65-96669221  
Alternative Phone No ..... +65-83228897

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 - Reporting only  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5103555750-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... SHALINI D/O S NAIDU  
NRIC No ..... SXXXX501I  
Date Of Birth ..... 26/03/1990  
Occupation ..... Indoor

Date Of Driving Pass	21/11/2008
Driving experience	10 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83228897
Alt. Phone Number	-
Email Address	shalininaidu2690@gmail.com
Address	BLK 21 #12-37
Address complement	QUEEN'S CLOSE
Postcode	104421
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### PASSENGER 3

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No



## SKETCH PLAN

### IMPORTANT NOTICE

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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 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

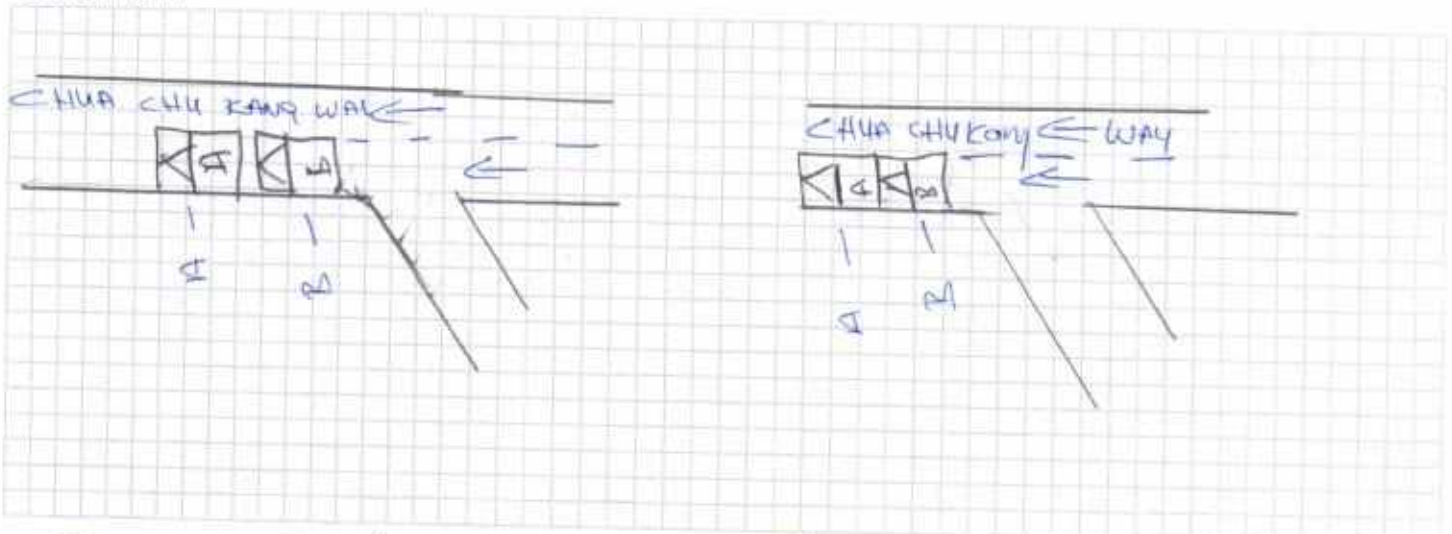
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



① A Taxi SHC 10K

② B SBP 8555K

There were no damages, hence he shared no requirement for contact details exchange. He drove off saying nothing to pursue. There were 3 passengers in my car who could be witness.

Describe Circumstances of the Accident

REFER TO POLICE REPORT 1/20190803/2050.

REMARK: THIS IS MY FIRST EXPERIENCE OF THIS INCIDENT WHICH I ONLY REPORT THIS MATTER TO THE POLICE & NOT ICAC.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

*[Signature]*

10/12/20 11:09am

*[Signature]* 10/12/2020



PRIVATE - LICENCE CAR ONLY - Given Tomorrow

## ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 07 / 2019 (DD/MM/YYYY), TIME: 06 : 40 (HH:MM)

LOCATION: Along chachukang Road towards Bukit Panjang

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 8555K  
b) INSURANCE COMPANY: Income NTUC  
c) POLICY NUMBER: 5103555150-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Driving to work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) No Damage to both vehicle  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: SUBBURAJAN NAIDU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S16227512 CONTACT: 96669321  
c) ADDRESS: 21 Queen's Close #12-137  
S1400211

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: SHALIM DLO S NAIDU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9010501E CONTACT: 83228897  
c) ADDRESS: 21 Queen's Close #12-137  
S1400211

\* d) DATE OF BIRTH: 26 / 03 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21/11/2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

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: CCK NPP

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC10K MODEL: PRIDE HYBRID 1.8  
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: shalininaidu@shalininaidu2690@gmail.com  
VIDEO





# SINGAPORE POLICE FORCE



T/20190803/2050

1 of 3

Report No. T/20190803/2050

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2019 11:34	Vide Report No.:	Station Diary No.: 67
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### Informant's Particulars

Name of Informant: SHALINI D/O S NAIDU		Address: APT BLK 21 QUEEN'S CLOSE #12-137 SINGAPORE 140021	
ID Type / ID No.: NRIC NO / S90105011		Contact No.: Home/Office: Mobile: 83228897	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 29	Date of Birth: 26/03/1990	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: School counsellor		Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2019 06:40	Type of Location: Filter lane
Location: Junction of Road 1 and Road 2 CHOA CHU KANG AVENUE 1 CHOA CHU KANG WAY Filter lane turning left				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHC10K	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow	No Damage	0
SJP8555K	Car	HONDA	FIT 1.3G A	White	No Damage	3





## SINGAPORE POLICE FORCE

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20190803/2050

2 of 3

Report No. T/20190803/2050

### CONTINUATION OF REPORT

#### Brief Details.

On 02/07/2019 at about 0640hrs I was driving my car (SJP8555K) along Choa Chu Kang Ave 1 towards Choa Chu Kang Way. At the junction of Choa Chu Kang Ave 1 and Choa Chu Kang Way, I was passing through the filter lane on the left. As I was making the turn to the left at the filter lane, I made a check to my right for incoming traffic. Suddenly, as I turned back to face my front, a yellow Comfort taxi (SHC10K) that was in front of me braked abruptly. As such, I had to apply my brake pedal to make an emergency stop and I saw that the taxi had switched on its hazard lights. Upon checking, I realized that my car's front bumper had made contact with the taxi's rear bumper. I then proceeded to give my particulars to the taxi driver. After taking my particulars and checking his car for damages, the taxi driver informed me that the damage was negligible as such there was no need to exchange particulars and he drove off. I did not make a road traffic accident report as I agreed with his conclusion and also did not acquire his particulars. On 23/07/2019, I then received a letter from Traffic Police regarding the incident vide: TP/IP/45303/2019, as such I am lodging this report for investigation purposes. I would like to state that my vehicle was not equipped with an in-car camera at the material time.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20190803/2050

3 of 3

Report No: T/20190803/2050

**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 /  
Staff Sgt MUHAMMAD SALIMIN BIN OMAR

Signature Of Interpreter:  
Not applicable

Signature: \_\_\_\_\_

Officer In Charge Of Case:  
TP / GIA /

Staff Sgt WONG SIEU LUI  
Contact No: 65476151

Signature Of Informant: \_\_\_\_\_

Date/Time:  
03/08/2019 11:34

Classification Of Case: \_\_\_\_\_

Authentication Stamp  
NP168

**Singapore Police Force**

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

29 Jul 2020

Our ref 2907200501N001577085

SUBBURAYAN NAIDU S/O GOVINDASAMY  
APT BLK 21 QUEEN'S CLOSE  
#12-137  
SINGAPORE 140021

Dear MR SUBBURAYAN NAIDU S/O GOVINDASAMY

**NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJP8555K**

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 29 Jul 2020. The details are as follows:

Vehicle No.	: SJP8555K
Application Date	: 29 Jul 2020
Effective Transfer of Ownership Date	: 29 Jul 2020
Vehicle Make	: HONDA
Vehicle Model	: FIT 1.3G A
Chassis No./Trailer Chassis No.	: GE61090797 / -
Engine No./Motor No.	: L13A4100235 / -

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.

3. Thank you.

Yours sincerely

Assistant Registrar of Vehicles  
Vehicle Licensing Division  
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Let's keep everyone safe on our roads!



## Claim Handling

Accident MT/1052938

Policy No.	S103555750	Vehicle No.	SIPB555K	GST Registration No.	
Certificate No.					
Policyholder Name	SUBBURAYAN NAIDU S/O GOVINDASAMY			Policyholder NRIC	S1622751Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark	Liability repudiated	eCode	No
KTK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

## ▼ Accident Details

Report Date	11/07/2019 14:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to B
Date of Accident	02/07/2019	Time of Accident hh:mm	06:40	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	ALONG CHOA CHU KANG ROAD BOWARDS BUKIT PANJANG				

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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	32 HAZEL PARK TERRACE	Address 2	SINGAPORE 67865	Address 3	
Address 4		Address Type	Singapore address	Post Code	67865
Unit No.		Related Policy Number	S109464829		

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 003 New

Claim Type *	OD-MX	Insured Name	SUBBURAYAN NAIDU S/O GOV	Insured NRIC	
Contact No.(Mobile)	94550801	Contact No.(Home)	64744434	Contact No.(Office)	
Email Address		OI Vehicle Number	SIPB555K	TP Vehicle Number	
Claim Description	SIPB555K / SHC10K ON 2 Jul 2019				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault		
Revised No.		Revised Option	Preferred Workshop, Name unknown	GIA report	Pending
Date Registered				Claim Close Date	11/12/2020 13:12
Report Taken By				Date Received	
					RDSU WAHAB

☐ Print AX letterSave Submit

## Attachment

Accident No.	MT/1052938	Claim No.	003
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/12/2020 13:12

Path \*

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

Category *	Confidential	Urgency *
<span>Clear</span> Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent
<span>Clear</span> Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent
<span>Clear</span> Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent
<span>Clear</span> Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent
<span>Clear</span> Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent

No file chosen No file chosen     

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2020 13:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2020 13:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2020 13:12	SAS		Normal	SAS 2020-12-11

## Video List

Uploaded By/Date	Folder Date	File Name		Source
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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="02/07/2018 13:13"/>
Vehicle No.(For Motor)	<input type="text" value="SJP8555K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5103555750		SUBBURAYAN NAIDU S/O GOVINDASAMY	S16227512	GPC	drivo CLASSIC	SJP8555K	SJP8555K	14/10/2018	13/10/2019