

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

Date In: 05/01/2021 16:20	Job description	Date & Time Completed	Done by
Ref No: X/BATAUC210001634	SAS e-Milling		
Veh No: FBH 5197S	E-mail (Vehicle Ins, A/C Ins)		
D.O.A: 03/01/2021 17:30	I-Motor Claims Form	MTU116172-001	05/01/2021 16:32
OD: TP: Reporting Only	I-Motor W/O (Withdr: OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vic		

Preferred Wkep / INC Assign Wkep / OW: (Tels	Fax
TP Particulars: Veh No: SHC35332	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 ref 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: ()

Notes:

NA2100548	Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100)	INC (\$10)
QC Checked by (Engr-In-Charge):		3) TP: Towing Fee	\$120
		4) PF: Follow-Through Survey	\$20
		5) PF: Follow-Through Survey (Resurvey)	\$20
		6) TR: Re-inspection	\$75
		7) NI: Idea DA + SMRT Survey	\$160
		8) NTUC Additional Services	
		ON:	
		*NI: Courtesy Car / Tpt Allowance	\$5
		*NI: Repairs Coordination	\$10
		*NI: Post Repair Inspection	\$25
		*NI: DV / Collect Excess Coordination	\$5
		TP (NI) / TP (NI) INC against DGS	\$20
		2) NI: Idea Mobile	\$0
		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 willful 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	05/01/2021 16:20 (SGT)
Date of Accident	03/01/2021 17:30 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5197S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD AZHARI BIN AZMIE
NRIC No	SXXXX343A
Email Address	azhari.azmie@gmail.com
Mobile Phone No	(Phone) +65-86605261
Alternative Phone No	+65-86605261

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
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	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5118353133
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD AZHARI BIN AZMIE
NRIC No	SXXXX343A

Date Of Driving Pass	17/07/2020
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86605261
Alt. Phone Number	+65-86605261
Email Address	azhari.azmie@gmail.com
Address	BLK 272 TOH GUAN ROAD #03-79
Address complement	-
Postcode	600272
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	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	OILY

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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210104/2073

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	SHC3533Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHUAN CHUAN LIM

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	MUHAMMAD AZHARI BIN AZMIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH5197S
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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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' 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

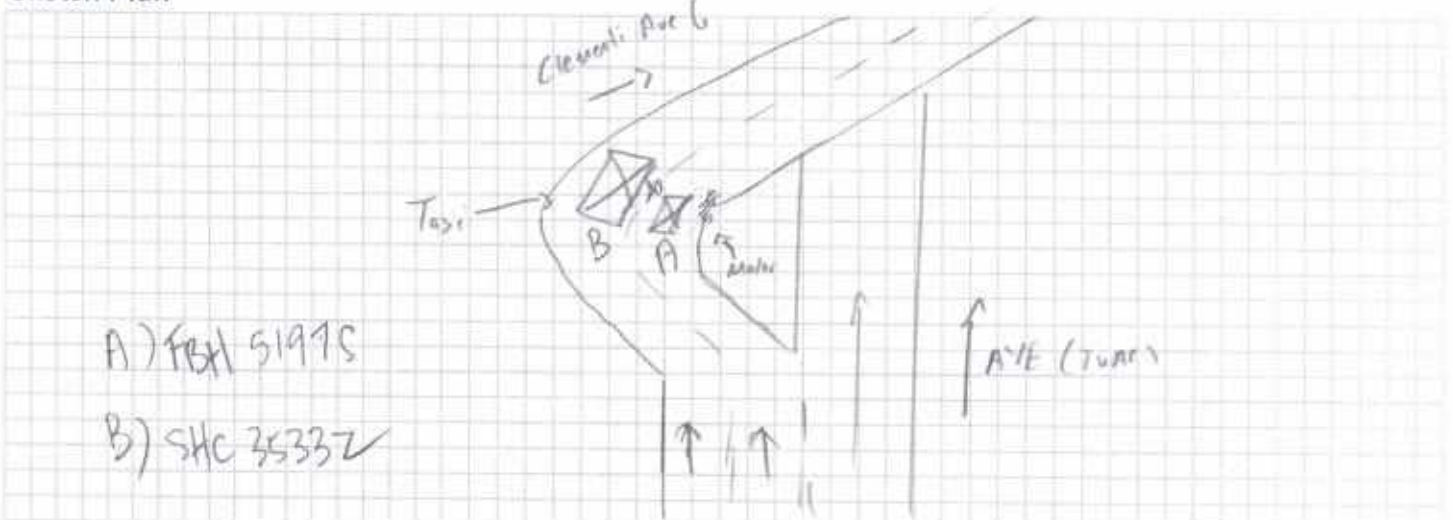
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

5/1/21 11:02
Policyholder's Signature / Date & Time

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

25/1/2020
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/2020/104/2073

Declaration

We declare the foregoing particulars are true in every respect.

 5/1/21 1102
Policyholder's Signature / Date & Time

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

 05/01/2020
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 01 / 2021) (DD/MM/YYYY), TIME: (15:30) (HH:MM)

LOCATION: AYE EXIT 11 TOWARDS CLEMENT AVENUE 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 51928
b) INSURANCE COMPANY: NTUC INCOMP
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA FZ 16
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: COMMUTING TO WORK
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 AZHARI BIN AZMIE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S940024301 CONTACT: 76605261
c) ADDRESS: 272 TON GUAN ROAD
#02-75 680221

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS. BROVIA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (04 / 01 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17/02/20

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) 0.6-1

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: JURONG EAST NPI

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHL 3583Z MODEL:
b) DRIVER'S NAME: CHAN CHANG HUI
c) NRIC/FIN/PASSPORT: CONTACT: 9736 7311

9. THIRD PARTY VEHICLE

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

email = azhari.azmie@gmail.com
VIDEO



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20210104/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2021 15:18	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars			
Name of Informant: MUHAMMAD AZHARI BIN AZMIE		Address: APT BLK 272 TOH GUAN ROAD #03-79 SINGAPORE 600272	
ID Type / ID No.: NRIC NO / S9400343A		Contact No.: Home/Office: Mobile: 86605261	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 04/01/1994	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Prison officer		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2021 17:30	Type of Location: Bend
Location: CLEMENTI AVENUE 6				
Weather: Drizzling		Road Surface: Oily	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5197S	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SHC3533Z	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH5197S	NTUC Income Insurance Co-Operative Limited	5118353133	22/07/2020	21/07/2021



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AZHARI BIN AZMIE	ID No.	S9400343A
Related Vehicle	FBH5197S (Motorcycle)	Contact No.	86605261
Hospital/Clinic	HEALTHLIFE FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	03/01/2021	Date Discharge	03/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 03.01.2021 at about 5.30pm, I was travelling along AYE up to slip road to Clementi Avenue 6. while making the turn, my motorcycle fell to the side on right and hit a taxi right side. As there is oil on the road surface as it just after rain.



POLICE FORCE



T/20210104/2073

3 of 3

Report No. T/20210104/2073

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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 /
SI NOOR SAINI BIN IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
04/01/2021 15:18

Classification Of Case:

Claim Handling

Accident MT/1116172

Policy No.	5118353133	Vehicle No.	FBH5197S	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD AZHARI BIN AZMIE			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	86605261	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(%)	0	Private Hire

▼ Accident Details

Report Date	05/01/2021 16:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/01/2021	Time of Accident hh:mm	17:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CLEMENTI AVENUE 6			

▼ 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 272 #03-79	Address 2	TOH GUAN ROAD	Address 3
Address 4	SINGAPORE 600272	Address Type	Singapore address	Post Code
Unit No.	03-79	Related Policy Number	5118353133	

▼ OI Driver Info

Driver Name	MUHAMMAD AZHARI BIN AZMIE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9400343A	Driver DOB
Register Date of Driver License	17/07/2020	Driver Age	26	Driving Experience
Contact No.(Mobile)	86605261	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 272 #03-79	Address 2	TOH GUAN ROAD	Address 3
Address 4	SINGAPORE 600272	Address Type	Singapore address	Post Code
Unit No.	03-79			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBH5197S	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 *	OD-MX	Insured Name	MUHAMM
Contact No.(Mobile)	86605261	Contact No.(Home)	
Email Address		Vehicle Number	FBH5197
Claim Description	FBH5197S / SHC3533Z ON 3 Jan 2021		
Preferred Workshop	Insured Liability	Partially at Fault	
Benefit No.	Preferred	Preferred Workshop, Name unknown	GIA report
Finalisation	Repair Option	Received	
Date Registered	05/01/2021 16:30	Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1116172	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/01/2021 16:32
Path *		Category *	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO <input type="button" value="v"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO <input type="button" value="v"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO <input type="button" value="v"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO <input type="button" value="v"/>
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<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO <input type="button" value="v"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO <input type="button" value="v"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> NO <input type="button" value="v"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:32	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:32	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:31	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:31	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:31	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:31	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:31	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:31	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:30	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:30	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:30	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:30	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:30	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:30	NRIC/ Driving License	Y	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 05 Jan 2021 16:30	SAS	Normal	SAS 20

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

03/01/2021 16:33

Vehicle No.(For Motor)

FBH5197S

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"/>	5118353133		MUHAMMAD AZHARI BIN AZMIE	S9400343A	GMC	Third Party	FBH5197S	FBH5197S	22/07/2020	21/07/2021