NATIONAL Assessment Centre Services. [part 1 Jan(08)] : SN0821180005

Date In: 08/01/2021 12:13	Job description	Date &Time Completed	Done by
Ref No: NBA/BUC)1000347/Y	SAS e-filling		
Veh No: FBM 84R	E-mail (Within 8hrs, A/C 2hrs)		
D.O.A 05/01/2021 07:20	I-Motor Claim Form	MT1111656O-001	08/01/2021 12:21
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witsn		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SMG 6429 S 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 ( )

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

NA2100584

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30); INC ($10)			
2) DA : Damage Assessment ($100);	340/345		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) (wef 10 Jan 2010) For claiming against INC Only	$75		
6) TR : Re-Inspection	$160		
7) NI : Idea DA + SMRT Survey			
8) NTUC Additional Services-			
OD:	$3		
• NS: Courtesy Car / Tpt Allowance	$10		
• NS: Repair Co-ordination	$25		
• NS: Post Repair Inspection	$3		
• NS: DV / Collect Excess Coordination	$20		
TP (NI) : TP (Non INC) against INC	30		
9) NI3: Idea Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

2nd_It

2/2

SN0821180005 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 08/01/2021 12:13 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 1 (08/01/2021 12:13 (SGT))

Your NCD will be affected due to late reporting

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 witholding 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	08/01/2021 12:13 (SGT)
Date of Accident	05/01/2021 07:20 (SGT)
Exact Location of Accident	Tampines Street 32, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM84R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROSLINA BINTE ZUMAHAR
NRIC No	SXXXX739I
Email Address	rosezluvs@yahoo.com
Mobile Phone No	(Phone) +65-93857994
Alternative Phone No	+65-87152464

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Pcx125
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	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5117456064
Cover Note Number	-

DRIVER

Name of Driver	ROSLINA BINTE ZUMAHAR
NRIC No	SXXXX739I

Date Of Driving Pass	14/09/2004
Driving experience	16 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93857994
Alt. Phone Number	+65-87152464
Email Address	rosezluvs@yahoo.com
Address	BLK 355 TAMPINES STREET 33 #02-644
Address complement	
Postcode	520355
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 - Head on 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	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210106/7038

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	SMG6429S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

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	ROSLINA BINTE ZUMAHAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBM84R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.

08/01/2021

Policyholder's Signature / Date & Time 1055 HRS

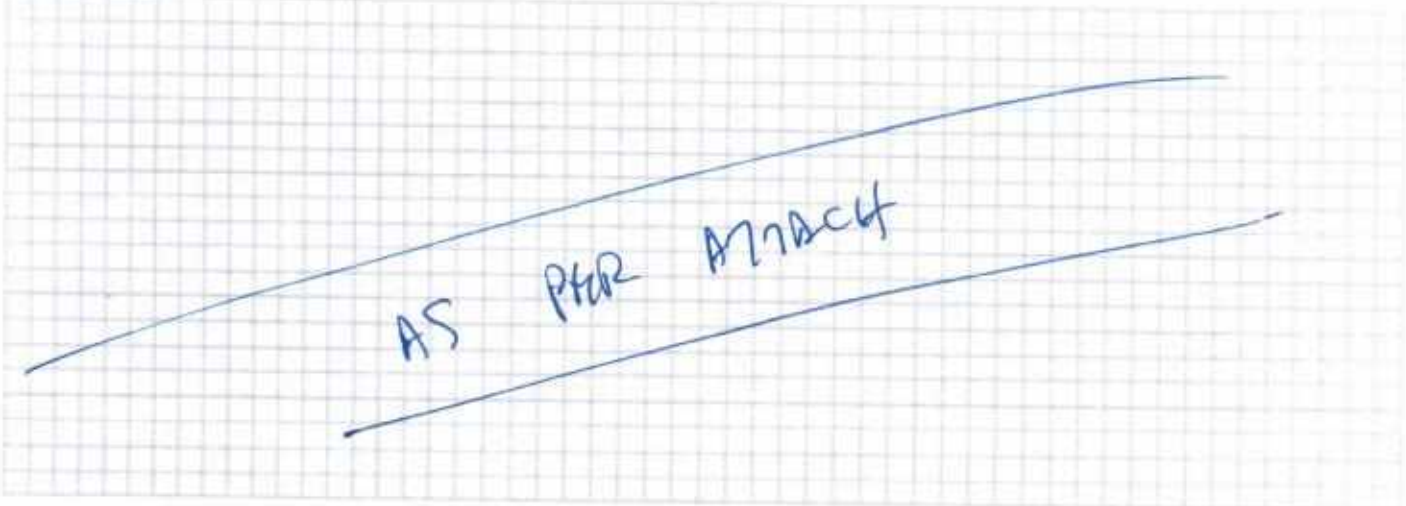
×

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

08/01/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

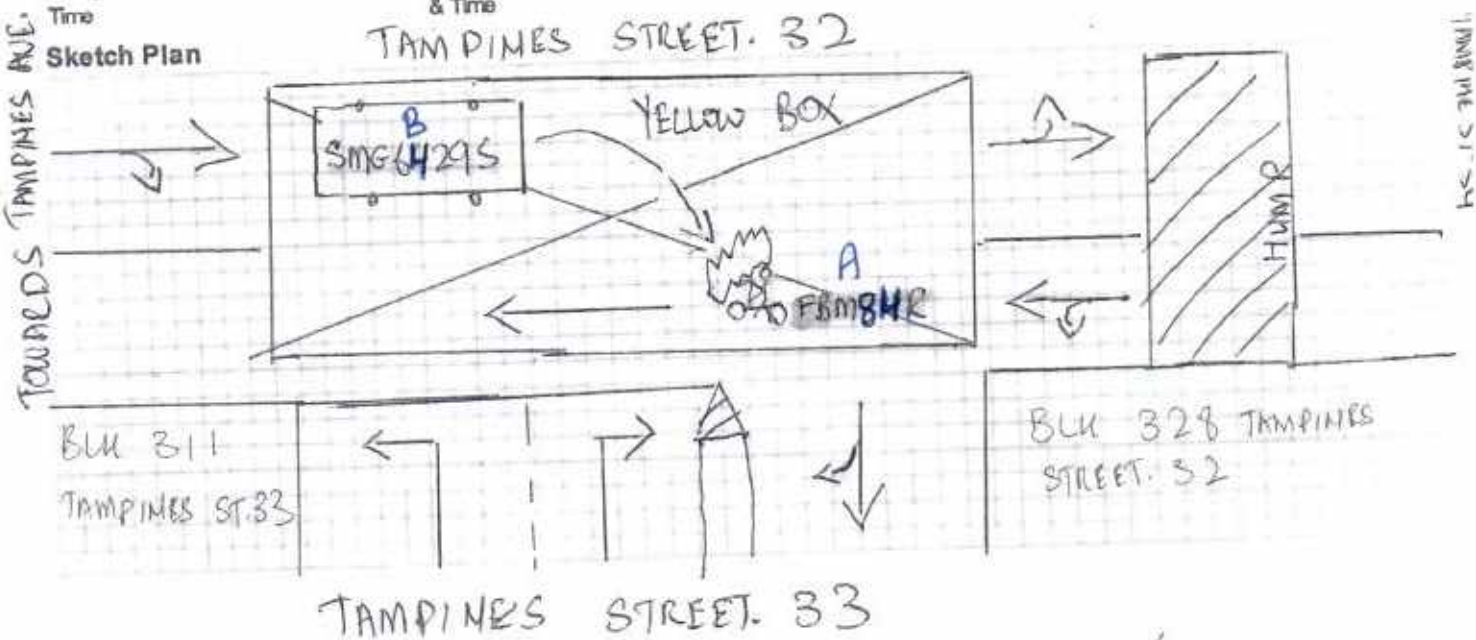


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) FBM 84R

B) SMG 6429S

08/04/2021

Describe Circumstances of the Accident

REFER TO POLICE REPORT T/30210106/7038.

Declaration

I/We declare the foregoing particulars are true in every respect.

08/01/2021
1055HRS

Policyholder's Signature / Date & Time

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

08/01/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE:(05 / 01 / 2021)(DD/MM/YYYY), TIME:(07 : 20)(HH:MM)

LOCATION: TAMPINES ST 32

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBM 84 R
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5117456064
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA PCX
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY 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: ROSLINA BINTE ZAINOSTAR (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT: 93857994 / 87152464
   c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) (1)

DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (___/___/____)(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: 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: TRAFFIC ON LINK

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SMG 6429 S MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (Including driver) (__)

email = ROSELUVS@YAHOO.COM

VIDEO

SINGAPORE POLICE FORCE

T/20210106/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
06/01/2021 11:45	G/20210105/0060	

Informant's Particulars

Name of Informant: ROSLINA BINTE ZUMAHAR			Address: 355 TAMPINES STREET 33 #02-644 SINGAPORE 520355	
ID Type / ID No.: NRIC NO / S8234739I			Contact No.: Home/Office: Mobile: 93857994	
Nationality: SINGAPORE CITIZEN			Email: rosezluvs@yahoo.com	
Sex: Female	Age: 38	Date of Birth: 05/11/1982	Type of Informant: Rider	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: Fire-fighting and rescue officer			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2021 07:20	Type of Location: T-Junction
Location: TAMPINES STREET 32				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBM84R	Motorcycle	HONDA	WW150 (PCX150)	Black		0
SMG6429S	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20210106/7038

Report No. T/20210106/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM84R	NTUC Income Insurance Co-Operative Limited	5117456064	09/06/2020	08/06/2021

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	ROSLINA BINTE ZUMAHAR		ID No.	S8234739I	
Related Vehicle	FBM84R (Motorcycle)		Contact No.	93857994	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL	
Date	05/01/2021		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of	Serious	

Brief Details.

I was travelling straight along Tampines St.32 towards Tampines Ave.2. Suddenly, I was hit on my right side by a car at the junction of Tampines St.32 and Tampines St.33. The car (SMG6429S) was in the opposite road and making a right turn. I was convey by ambulance.

SINGAPORE POLICE FORCE

T/20210106/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2021 11:45
Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1116560

Policy No.	5117456064	Vehicle No.	FBM84R	GST Registration No
Certificate No.				
Policyholder Name	ROSLINA BINTE ZUMAHAR			
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC
Contact No.(Mobile)	93857994	Contact No.(Office)		Loading
Email Address		Special Remark		Contact No.(Home)
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode
NCD Protection	No	NCD Entitlement(%)	15	eCode Reason
				Private Hire

Accident Details

Report Date	08/01/2021 12:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/01/2021	Time of Accident hh:mm	07:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES STREET 32			

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 No.		GST Registration Date	
Modification History		GST Status Verified	Yes

Policyholder Mailing Address

Address 1	BLK 355 #02-644	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5117456064	

OI Driver Info

Driver Name	ROSLINA BINTE ZUMAHAR	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8234739I	
Register Date of Driver License	14/01/2002	Driver Age	38	Driver DOB
Contact No.(Mobile)	93857994	Contact No.(Office)		Driving Experience
Address 1	BLK 355 #02-644	Address 2	TAMPINES STREET 33	Contact No.(Home)
Address 4		Address Type	Singapore address	Address 3
Unit No.				Post Code
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.	FBM84R	Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	○ Yes ○ No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ROSLI
Contact No.(Mobile)	93857994	Contact No. (Home)	NIL
Email Address	ROSEZLUVS@YAHOO.COM	OI Vehicle Number	FBM84
Claim Description	FBM84R / SMG6429S ON 5 Jan 2021		
Preferred Workshop		Insured Liability	Not at Fault
Consider for Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
		GIA report	Received
Date Registered	08/01/2021 12:16	Claim Close Date	

Report Taken By

ROSLI WAHAB Workshop Repairer

Print AK letter

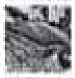
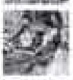
Save | Submit

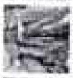
Attachment

Accident No.	MT/1116560	Claim No.	001
Last Doc. Received	(●) Yes ( ) No	Upload Date	08/01/2021 12:21

Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:21	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:21	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:21	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:21	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:21	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:21	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:21	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:21	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:20	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:20	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:20	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:20	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:20	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:20	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:18	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:18	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Jan 2021 12:18	Photos		Normal	Photos

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 12:18	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 12:18	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 12:18	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 12:17	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 12:17	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 12:17	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 12:17	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 12:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 12:17	SAS		Normal	SAS :

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window | Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) FBM84R

Date of Accident 05/01/2021 10:52

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5117456064		ROSLINA BINTE ZUMAHAR	S8234739I	GMC	Third Party, Fire & Theft	FBM84R	FBM84R	09/06/2020	08/06/2021

Continue