





## 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	11/01/2021 11:26 (SGT)
Date of Accident	06/01/2021 15:15 (SGT)
Exact Location of Accident	Merchant Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8249K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAM JINXIANG
NRIC No	SXXXX316A
Email Address	jx89lam@gmail.com
Mobile Phone No	(Phone) +65-90053551
Alternative Phone No	+65-90053551

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-03
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	5119363713
Cover Note Number	-

#### DRIVER

Name of Driver	LAM JINXIANG
NRIC No	SXXXX316A



Date Of Driving Pass	14/08/2007
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90053551
Alt. Phone Number	+65-90053551
Email Address	jx89lam@gmail.com
Address	BLK 110 JALAN BUKIT MERAH
Address complement	#08-1570
Postcode	160110
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 to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

#### 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)	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	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210107/2065

#### 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	SLV1147X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUN YI TAN



Contact Number	(Phone) +65-91006957
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	EN3328C
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOHN BOSCO LEE
Contact Number	(Phone) +65-93360101
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	LAM JINXIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBL8249K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

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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

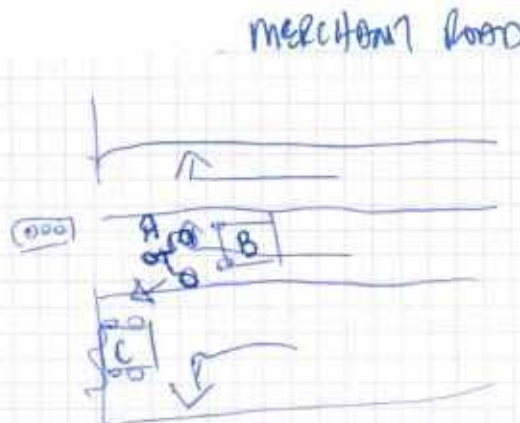
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

32ch  
08/01/21  
Policyholder's Signature / Date & Time

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

11/01/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan



A) FBL8249K

B) SLV 1147X

C) EN3328C



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20210107/2065

Declaration

We declare the foregoing particulars are true in every respect.

320hrs  
8/01/12  
Policyholder's Signature / Date & Time

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

11/01/2021  
Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 01 / 2021) (DD/MM/YYYY), TIME: (3pm) (HH:MM)

LOCATION: T-junction at Merchant

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBLS249K  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 511 9363713  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MT-03 Yamaha  
 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 home  
 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: Lam Jimmy (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S84316A CONTACT: 90053551  
 c) ADDRESS: 110 Selan Bukit Merah #08-1570

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

## DRIVER

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

\* d) DATE OF BIRTH: (02 / 11 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/07/2005

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 drizzling)

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: Henderson police post

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV1147X MODEL: Toyota  
 b) DRIVER'S NAME: Sunny tan  
 c) NRIC/FIN/PASSPORT: S71157856 CONTACT: 91006957

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: EN3328C MODEL: BMW  
 b) DRIVER'S NAME: John Bosco Lee  
 c) NRIC/FIN/PASSPORT: CONTACT: 93360101

Email: 5x89lam@gmail.com

VIDEO





# SINGAPORE POLICE FORCE



T/20210107/2065

1 of 4

Police Station Of Origin:  
Bukit Merah West N.P.C.  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20210107/2065

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2021 13:47		Vide Report No.:		Station Diary No.: 38	
<b>Informant's Particulars</b>					
Name of Informant: LAM JINXIANG			Address: APT BLK 110 JALAN BUKIT MERAH #08-1570 SINGAPORE 160110		
ID Type / ID No.: NRIC NO / S8434316A			Contact No.: Home/Office:		Mobile: 90053551
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 02/11/1984	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Postal/Courier service supervisor			Driving Licence Information: Class: 2B,2A		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2021 15:15	Type of Location: T-Junction
Location:  MERCHANT ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
EN3328C	Car	BMW		Black	Slightly Damaged	0
FBL8249K	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Black	Seriously Damaged	0
SLV1147X	Car	TOYOTA		Blue	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE



T/20210107/2065

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Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

## CONTINUATION OF REPORT

Report No. T/20210107/2065

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	5119363713	07/10/2020	06/10/2021
FBL8249K	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL				
<b>Driver</b>				
Name	JOHN BOSCO LEE	ID No.	NIL	
Related Vehicle	EN3328C (Car)	Contact No.	93360101	
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	
<b>Rider</b>				
Name	LAM JINXIANG	ID No.	S8434316A	
Related Vehicle	FBL8249K (Motorcycle)	Contact No.	90053551	
Hospital/Clinic	HEALTH FIRST FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL	
Date Treatment	06/01/2021	Date Discharge	06/01/2021	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
<b>Driver</b>				
Name	SUNNY TAN	ID No.	S7115785G	
Related Vehicle	SLV1147X (Car)	Contact No.	91006957	
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	





Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20210107/2065

**CONTINUATION OF REPORT**

**Brief Details.**

On the 06/01/2021 at about 1515hrs, I was riding my motorcycling bearing plate number FBL8249K (V1) as I arrived at a traffic junction of Merchant Road and Clemenceau Ave. When I approached the said junction along Merchant Road I saw that the traffic light turned red. I stopped V1 behind a car on the middle lane. I remembered that there were 3 lanes. The left lane was a left turn lane, while the middle and right lane was a right turn lane. When the traffic light turned green, I prepared to moved off however before I moved off, I felt that I was hit from the rear and V1 moved to the left colliding with a Black vehicle on the left lane. V1 collided on the right side of the said black vehicle and the side mirror of the said vehicle broke. V1 then continue to moved and I eventually fell to my ride side. There was a motorcyclist that passed by and helped me up. The driver of the black vehicle went down as well as the driver who had hit me from the rear. I called for ambulance as I felt pain on my left wrist and the left side of my body. Ambulance then came and assessed my injury. I refused to be conveyed as I thought that it was a minor injury. I then got the details of the two drivers as soon as Traffic Police arrived at scene. We were all advised to lodge a road traffic accident report. My motorcycle sustained a broken side view mirror, broken pillion stand and broken box. It had to be towed away as I could not start the engine.

Later that day, I felt that the pain on my wrist had not subside and I could not move it properly thus I went to a clinic to get myself checked. I was issue 3 days of MC at Health First Family Clinic and was referred for an X-ray scan to the same clinic.





**SINGAPORE  
POLICE FORCE**



T/20210107/2065

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Report No. T/20210107/2065

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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 3 MUHAMMAD HAIQAL BIN AZMAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/01/2021 13:47

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Classification Of Case:

SN 45

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



Accident MT/1116770

Policy No.	5119363713	Vehicle No.	PBL8249K	GST Registration No.
Certificate No.				
Policyholder Name	LAM JINXIANG			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No. (Mobile)	90053551	Contact No. (Office)		Contact No. (Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

### Accident Details

Report Date	11/01/2021 11:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/01/2021	Time of Accident hh:mm	15:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MERCHANT ROAD			

▼ **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 215 #10-73	Address 2	BOON LAY PLACE	Address 3
Address 4	SINGAPORE 640215	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5119363713	

OI Driver Info

Driver Name	LAM JINXIANG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8434316A	Driver DOB
Register Date of Driver License	27/07/2005	Driver Age	36	Driving Experience
Contact No.(Mobile)	90053551	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 215 #10-73	Address 2	BOON LAY PLACE	Address 3
Address 4	SINGAPORE 640215	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBL8249K	Driver Insurer Code

### Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes	No
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#### Modification History

Claim 001 OD-MX

**New**

Claim Type *	<input type="text" value="OD-MX"/>		Insured Name	LAM JIN
Contact No. (Mobile)	<input type="text" value="94333458"/>		Contact No. (Home)	626417
Email Address	<input type="text"/>		OT Vehicle Number	FBL624
Claim Description	<input type="text" value="FBL6249K / SLV1147X ON 6 Jan 2021"/>			
Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text" value="Not at Fault"/>	
CHASSIS No.	<input type="text"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	
Finalisation	<input type="text" value="Yes"/>	GIA report	<input type="text" value="Received"/>	
Date Registered	<input type="text" value="11/01/2021 11:25"/>		Claim Close Date	<input type="text"/>



Print AK letter

Save Submit

Attachment

Accident No.	MT/1116770	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2021 11:44
Path *		Category *	Confidential
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43	NRIC/ Driving License	Y	NRIC/ Driving 1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43	SAS	Normal	SAS 2

Video List





Display in New Window

Scan and uploading



Hello, NAC\_BUKIT\_MERAH\_800676

[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="06/01/2021 15:19"/>							
Vehicle No. (For Motor)	<input type="text" value="FBL8249K"/>	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"/>	5119363713		LAM JINXIANG	58434316A	GMC	Third Party, Fire & Theft	FBL8249K	FBL8249K	07/10/2020	06/10/2021
<input type="button" value="Continue"/>										