

NATIONAL Assessment Centre Services. [ver 1 Jan 08]

SM0821/8000

Date In: 28/10/2021 14:46	Job description	Date & Time Completed	Done by
Ref No: 4687 INC 2100134874	SAS e-illing		
Veh No: FBE 4909C	E-mail (by job only, AIG 2hrs)		
D.O.A: 26/10/2021 11:30	I-Motor Claim Form	MT/11/9078-001	28/10/2021
OID: TP Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		15:00
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Write		

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

TP Principal: () Veh No: SHD 2255C 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: ()

Damage: ()

Driver/Owner:	1) All Accident Reporting (30)	
Contact No:	2) DA + Survey Assessment (\$100)	INC (10)
Damage Portion:	3) TP + Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT + Follow Through Survey	\$30
	5) PF + Follow Through Survey (Resurvey)	\$30
	6) TR + Suspension	\$75
	7) NI + Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	ON:	
	* NS: Courtesy Car / Tpt Allowance	\$5
	* NS: Repair Coordination	\$10
	* NS: Post Repair Inspection	\$25
	* NS: DV / Collor Issues Coordination	\$5
	TP (NI) + TP (Non-INC) @ latest DGE	\$20
	9) NI: Idea Mobile	\$0

Call: ()

Invoice dated: () Fee Charged: ()

Invoice dated: () Fee Charged: ()

NA2100912

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 28/01/2021 14:46 (SGT)
Date of Accident 26/01/2021 11:30 (SGT)
Exact Location of Accident River Valley Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE4909C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ALORIDE PTE. LTD.
Company Reg No 2XXXXX994W
Email Address raman_09.kumar@hotmail.com
Mobile Phone No (Phone) +65-97819122
Alternative Phone No +65-97819122

VEHICLE PARTICULARS

Manufacturer Piaggio
Model GILERA RUNNER ST 200
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 ThirdParty
Fleet Policy No
Policy Number 5113531735-01
Cover Note Number -

DRIVER

Name of Driver CHOBAY RAMAN KUMAR
NRIC No SXXXX076B

Date Of Driving Pass	28/11/2019
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97819122
Alt. Phone Number	-
Email Address	raman_09.kumar@hotmail.com
Address	BLK 137 JALAN BUKIT MERAH #06-1378
Address complement	-
Postcode	160137
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210126/2106

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	SHD2255C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

NRIC No SXXXX645I
Contact Number (Phone) +65-91046868
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 CHOBHEY RAMAN KUMAR
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS INJURIES
Injured person in which vehicle? FBE4909C
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 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. 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.



Policyholder's Signature / Date & Time

Sketch Plan

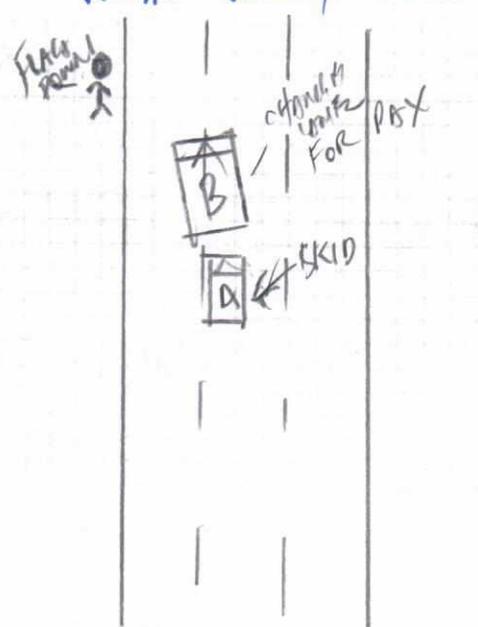
Raman Kumar

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

RIVER VALLEY ROAD

Witnessed by Reporting Centre Personnel

28/01/2021



A) FBZ4909C
B) SHD 2255C

Describe Circumstances of the Accident

Referred to Police Report 7/0210126/2106

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

28/01/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 20/01/2021 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: Rural Youngy Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRK 4909P
- b) INSURANCE COMPANY: MTC
- c) POLICY NUMBER: 511353135-01
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: GUARD 200
- 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: M. LOCORE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JOSEPH RAMON KUMAR (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 97819122
- c) ADDRESS: _____

*d) DATE OF BIRTH: 25/08/1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/11/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S4D 2255C MODEL: _____
- b) DRIVER'S NAME: KARUNARAJ
- c) NRIC/FIN/PASSPORT: S7039654/C CONTACT: 91046868

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = Raman_09.Kumar@hotmail.com
VIDEO



Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20210126/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2021 20:41	Vide Report No.: E/20210126/0069	Station Diary No.: 68
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Informant's Particulars			
Name of Informant: CHOBEY RAMAN KUMAR		Address: APT BLK 137 JALAN BUKIT MERAH #06-1378 SINGAPORE 160137	
ID Type / ID No.: NRIC NO / S9474076B		Contact No.: Home/Office:	Mobile: 97819122
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 23/08/1994	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,2A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/01/2021 11:30	Type of Location: Straight Road
Location: RIVER VALLEY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: self skidded			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4909C	Motorcycle				Slightly Damaged	0
SHD2255C	Taxi					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Rider			
Name	CHOBAY RAMAN KUMAR	ID No.	S9474076B
Related Vehicle	NIL	Contact No.	97819122
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Kanthasamy	ID No.	S7039645I
Related Vehicle	NIL	Contact No.	91046868
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 26/01/2021 at about 1130hrs, I was riding along River Valley Road towards Delta Road, near Valley point. I was moving at the 2nd lane behind a Taxi (SHD2255C). After a traffic light, the Taxi (SHD2255C) suddenly move left and changed lane to the first lane of the road, as someone flagged for taxi in front. I then immediately jam brake to avoid collision with the taxi. However, I self skidded and injured my right wrist. My motorcycle was damaged and I was conveyed to the hospital. Traffic police came and given me a case card E/20210126/0069. My motorcycle did not hit the taxi. That is all.



**SINGAPORE
POLICE FORCE**



T/20210126/2106

3 of 3

Report No. T/20210126/2106

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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: A / Sgt 3 PHANG JUN LONG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	

Signature Of Informant: Raman Kumar
Date/Time: 26/01/2021 20:41
Classification Of Case:

Authentication Stamp
NP168

(Faint stamp text)

AMENDMENT OF NP 168 ACCIDENT REPORT

Officer in-charge
Investigation Section
Traffic Police Department
10, Ubi Avenue 3
Singapore 408865

Name: Chobey Raj Kiran
NRIC No: S9373865I
Address: BLK 137 JALAN BUKIT MERAH
#06-1378 SINGAPORE 160137
Tel / Pager: 97891122

Dear Sir,

Accident involving taxi (SHD2255C), and my brother's motorcycle (FBE4909C)
along RIVER VALLEY ROAD
on 26 Jan 2021 at 1130 hrs

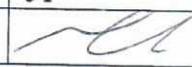
2 With reference to the above, my brother, "Chobey Raman Kumar" (S9474076B) has on 26/01/2021 (date) at 2041 hrs (time) made a police report at Bukit Merah East NPC (Police Station/NPP/NPC) in NP 168 T/20210126/2106.

3 On 27/01/2021 (date), at 1625hrs (time) at Tiong Bahru NPP (Police Station/NPP/NPC), I make the following amendments to the above report:

I wish to make amendments on my brothers' behalf and instruction to the Police report that;

The number of days of Medical Leave granted to my brother, "Chobey Raman Kumar" is actually 10 days, and not NIL.


(Signature)

FOR OFFICIAL USE	
If a police officer recorded these amendments, please complete the following.	
Name / Rank No	: SGT T190050 Tan Wen Rui, Ariel
Date and Time	: 27/01/2021 @ 1625hrs
Station Diary No	: 51
Signature	: 

(To be completed in duplicate)



Claim Handling

Accident MT/1119078

Policy No.	5113531735-01	Vehicle No.	FBE4909C	GST Registration No.
Certificate No.	5113531735-01-000055			
Policyholder Name	ALORIDE PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97819122	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ **Accident Details**

Report Date	28/01/2021 14:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/01/2021	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	RIVER VALLEY ROAD			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	1,500.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-08	Related Policy Number	5113531735-01	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHOBHEY RAMAN KUMAR	Driver NRIC	S9474076B	Driver DOB
Register Date of Driver License	28/11/2019	Driver Age	26	Driving Experience
Contact No.(Mobile)	97819122	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 137 #06-1378	Address 2	JALAN BUKIT MERAH	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	06-1378			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBE4909C	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ALORIDE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	FBE4909C
Claim Description	FBE4909C / SHD2255C ON 26 Jan 2021		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	28/01/2021 14:58	Preferred Repair Option	Preferred Workshop, Name unknown
		GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1119078 Claim No. 001
 Last Doc. Received Yes No Upload Date 28/01/2021 15:00

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 15:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 15:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 15:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 15:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 15:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 14:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 14:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 14:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 14:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 14:59	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 14:59	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 14:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 14:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 14:59	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2021 14:59	SAS	Normal	SAS 20

▼ Video List

Uploaded By/Date

Folder Date

File Name



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. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113531735-01	5113531735-01-000055	ALORIDE PTE. LTD.	201629994W	GFM	Third Party	FBE4909C	FBE4909C	02/11/2020	01/11/2021