

NATIONAL Assessment Centre Services [Ref: J3102]		SME 921110002	
Date In: 30/01/2021 10:27	Job description	Date & Time Completed	Done by
Ref No: NA/INC21001432/4	SAS e-filing		
Veh No: FB5 1362A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/01/2021 13:00	i-Motor Claim Form	MT/11935-001	30/01/2021 10:34
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SFH 869V	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 ( )		

General Remarks:	
( ) 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. ( )	

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )
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Date/Time	Actions

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	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 (Non INC) against INC \$20				
9) N12: Idao Mobile \$0				
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	30/01/2021 10:27 (SGT)
Date of Accident	29/01/2021 13:00 (SGT)
Exact Location of Accident	Mount Sinai Rd, Singapore
Additional Location Information	JUNCTION OF HOLLAND GROVE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS1362A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEE ENG KIAT
NRIC No	SXXXX781Z
Email Address	jasonsee6@gmail.com
Mobile Phone No	(Phone) +65-96524240
Alternative Phone No	+65-96524240

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX 155 ABS CVT
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	5120817740
Cover Note Number	-

#### DRIVER

Name of Driver	SEE ENG KIAT
NRIC No	SXXXX781Z
Date Of Birth	10/08/1971
Occupation	Outdoor

Date Of Driving Pass	05/04/1989
Driving experience	31 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96524240
Alt. Phone Number	+65-96524240
Email Address	jasonsee6@gmail.com
Address	BLK 49 STRATHMORE AVENUE #25-219
Address complement	-
Postcode	140049
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	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?	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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210129/2087

#### 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	SFH869Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YAP SIEW KHIM
Contact Number	(Phone) +65-90356415

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 SEE ENG KIAT  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SLIGHT INJURY  
 Injured person in which vehicle? FBS1362A  
 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.
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

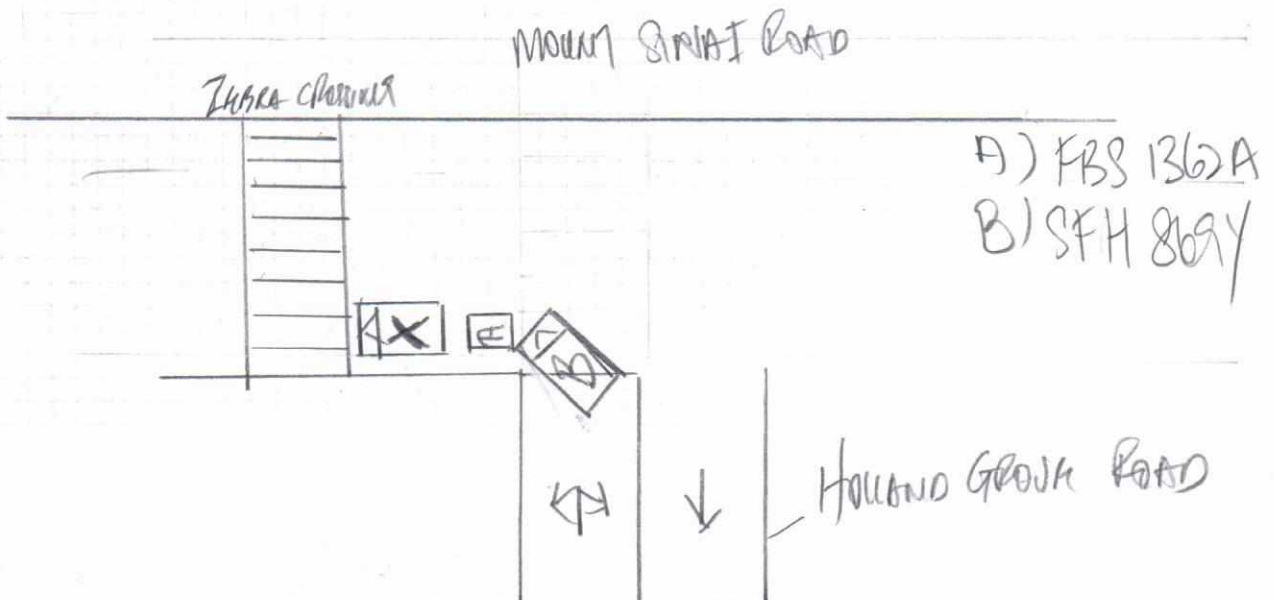
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*dp 29/1/21 1720*  
Policyholder's Signature / Date &  
Time

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

*80/01/2021*  
Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20210129/2087

Declaration

We declare the foregoing particulars are true in every respect.

dm 29/1/21 1720

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2021 (DD/MM/YYYY), TIME: 13:00 (HHMM)

LOCATION: Junction of Mount Sinai rd and Holland Grove rd

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS 1362A  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5120817740  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA J-MAX 155  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE 48%  
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: SEE ENG KIAT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7127781Z CONTACT: 96524246  
c) ADDRESS: BIK 49 Stratmore Ave #25-219 S(140049)

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

### DRIVER

- a) NAME: DR. ABRAHAM (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: Queenstown

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SEH 809V MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: YAP SUI HUI KATHIN  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9035684

### 9. THIRD PARTY VEHICLE

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

Email: jasonsee6@gmail.com

VIDEO



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20210129/2087

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/01/2021 16:20	Vide Report No.:	Station Diary No.: 33
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**Informant's Particulars**

Name of Informant: SEE ENG KIAT			Address: APT BLK 49 STRATHMORE AVE #25-219 SINGAPORE 140049		
ID Type / ID No.: NRIC NO / S7127781Z			Contact No.: Home/Office: Mobile: 96524240		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 10/08/1971	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: FOOD DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/01/2021 13:00	Type of Location: T-Junction
Location:  MOUNT SINAI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: School Crossing Warden		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
FBS1362A	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Black	Slightly Damaged	0
SFH869Y	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS1362A	NTUC Income Insurance Co-Operative Limited	5120817740	27/01/2021	26/01/2022





Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20210129/2087

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SEE ENG KIAT	ID No.	S7127781Z
Related Vehicle	FBS1362A (Motorcycle)	Contact No.	96524240
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	29/01/2021	Date Discharge	29/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	YAP SIEW KHIM	ID No.	NIL
Related Vehicle	NIL	Contact No.	90356415
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 the 29 January 2021 at about 1300hrs, I was travelling along Mt Sinai Rd, riding a motorcycle bearing the bike plate number FBS1362A and was at the junction of Mt Sinai Rd and Holland Grove Rd. I was stationary in front of the yellow box. There was few cars ahead of me as there was a zebra crossing in front. The cars had stopped to let pedestrians to cross. Out of sudden, I felt a heavy impact from the back and I flew. I was still conscious but I felt uncomfortable on my shoulder. I saw that there was a car behind me bearing the car plate number SFH869Y.

The driver of the car came down and assisted me. He gave me his name and contact number to liaise. He asked me if SGD \$100/- is enough for private settlement verbally. However, I refused as the damage to my bike will be more than that and I had just bought the bike. I wish to inform that I had visited a doctor at Shalom Clinic and was given 5 days MC. I wish to inform that I felt discomfort and sore pain on my right shoulder.



**SINGAPORE  
POLICE FORCE**



T/20210129/2087

3 of 3

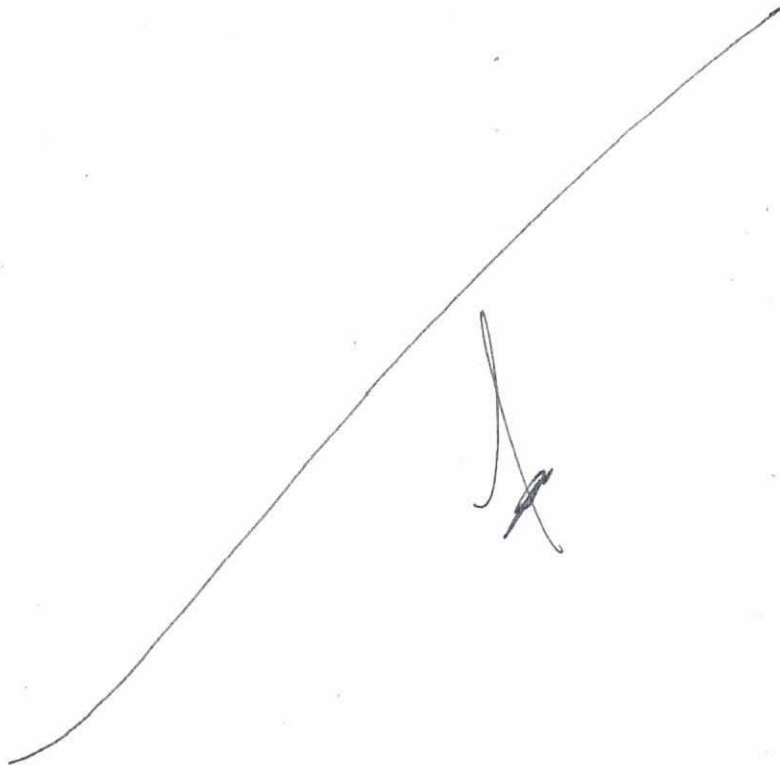
Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20210129/2087

**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 DAMIEN LEONG JUN SIAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
29/01/2021 16:20

Classification Of Case:

21-49



Claim Handling

Accident MT/1119325

Policy No.	5120817740	Vehicle No.	FBS1362A	GST Registration No.	
Certificate No.				Policyholder NRIC	S7127781Z
Policyholder Name	SEE ENG KIAT	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96524240	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	30/01/2021 10:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to R
Date of Accident	29/01/2021	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MOUNT SINAI ROAD JUNCTION OF HOLLAND GROVE ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 49 #25-219	Address 2	STRATHMORE AVENUE	Address 3	SINGAPORE 140049
Address 4		Address Type	Singapore address	Post Code	140049
Unit No.		Related Policy Number	5120817740		
OI Driver Info					
Driver Name	SEE ENG KIAT	Driver Type	Main Driver	Driver DOB	10/08/1971
Unnamed driver Name		Driver NRIC	S7127781Z	Driving Experience	31
Register Date of Driver License	06/04/1989	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	96524240	Contact No.(Office)		Address 3	SINGAPORE 140049
Address 1	BLK 49 #25-219	Address 2	STRATHMORE AVENUE	Post Code	140049
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.	FBS1362A	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes		
Modification History					
Claim 001 New					
Claim Type *					
Contact No.(Mobile)		Insured Name	OD-MX	Insured NRIC	SEE ENG KIAT
Email Address		Contact No.(Home)	96524240	Contact No.(Office)	64973394
Claim Description		OT Vehicle Number	FBS1362A	TP Vehicle Number	FBS1362A
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	FBS1362A / SFH869Y ON 29 Jan 2021
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	30/01/2021 10:32
Report Taken By				Date Received	ROSLI WAHAB
Print AK letter					
Save Submit					
Attachment					
Accident No.	MT/1119325	Claim No.	001		
Last Doc. Received	No Yes	Upload Date	30/01/2021 10:34		

Path \*

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Message Read

Category \*

Confidential

Urgency \*

Clear

Please Select

NO

Normal

Clear

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NO

Normal

Clear

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NO

Normal

Clear

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NO

Normal

Clear

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NO

Normal








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Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:34	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:34	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:34	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:34	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:34	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:34	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:34	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:34	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:33	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:33	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:33	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:33	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:33	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:32	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:32	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:32	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:32	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:32	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 10:32	SAS		Normal	SAS 2021-1-30
Video List					
Uploaded By/Date	Folder Date	File Name		Source	
<div>Display in New Window</div> <div>Scan and uploading</div>					



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

29/01/2021 17:13

Vehicle No.(For Motor)

FBS1362A

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"/>	5120817740		SEE ENG KIAT	S7127781Z	GMC	Third Party, Fire & Theft	FBS1362A	FBS1362A	27/01/2021	26/01/2022