

NATIONAL Assessment Centre Services.

(ver 1 Jan 08)

SN082/50001

Date In: 05/01/2021 10:34	Job description	Date & Time Completed	Done by
Ref No: NBO/INC21001721/4	SAS e-Milling		
Veh No: FBC2238 D	E-mail (to John, AIG, etc)		
D.O.A: 02/01/2021 22:15	I-Motor Claim Form	M11120010-001	05/02/2021 10:44
OID: (TP) Reporting Only	I-Motor W/O (With/Out OD, TP, etc)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/VKSR		

Preferred Wksp / INC Assign Wksp / QW: (

TP Identification:	Veh No: unknown car	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: (Period: (Cover Type: (

Confirmed by: (

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: ()

NA210/062

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Verdict/Comments:

Ref. It:

2/2

1) All Accident Reporting (\$30)	INC (\$10)
2) DA Damage Assessment (\$100)	\$10/45
3) TP Towing Fee	\$120
4) PT Follow-Through Survey	\$30
5) PT Follow-Through Survey (Resurvey)	\$30
6) PT Follow-Through Survey (Resurvey) (over 10 Jan 2008)	\$75
7) PT Re-inspection	\$160
8) NI: Also DA + SMRT Survey	
9) NIUC Additional Services	
ON:	
• NS: Courtesy Car / Tpt Allowance	\$5
• NG: Repair Coordination	\$10
• NT: Post Repair Inspection	\$25
• ND: DV / Collect Excess Coordination	\$5
• TE (NIUC) TP (NG/INC) by class INC	\$20
• NI: ID: Mobile	\$0
Invoice dated	
Invoice dated	
Fee Charged	
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	05/02/2021 10:34 (SGT)
Date of Accident	02/02/2021 22:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	NEAR LAMP POST (937)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC2238D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAIFUL MUHAMMAD SYAFIQ BIN SHAFUL AZHAR
NRIC No	SXXXX191A
Email Address	saifulsyafiq23@gmail.com
Mobile Phone No	(Phone) +65-91149357
Alternative Phone No	+65-91149357

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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	5097112603-03
Cover Note Number	-

DRIVER

Name of Driver	SAIFUL MUHAMMAD SYAFIQ BIN SHAFUL AZHAR
NRIC No	SXXXX191A

Date Of Driving Pass	29/03/2014
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91149357
Alt. Phone Number	+65-91149357
Email Address	saifulsyafiq23@gmail.com
Address	BLK 286A TOH GUAN ROAD #05-44
Address complement	-
Postcode	610286
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210203/2083

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	SAIFUL MUHAMMAD SYAFIQ BIN SHAFUL AZHAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBC2238D
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.

Policyholder's Signature / Date & Time

04/02/2021

1710 hrs

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

Witnessed by Reporting Centre Personnel

05/02/2021

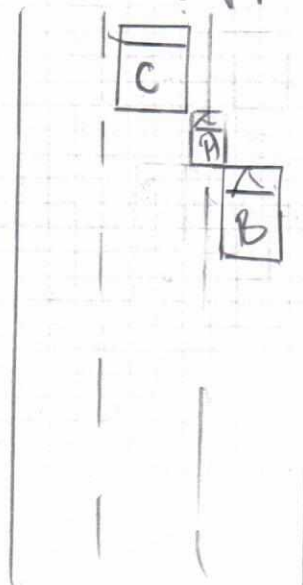
Sketch Plan

PIE MARK LAMP POST 937

A) FBC 2238D

B) UNKNOWN CAR

C) UNKNOWN CAR




Describe Circumstances of the Accident


REFER TO POLICE REPORT 7/20210203/2083

Declaration

We declare the foregoing particulars are true in every respect.

 04/02/2021
Policyholder's Signature / Date &
Time 1710 hrs

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

 05/02/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (07/02/2021) (DD/MM/YYYY), TIME: (22:15) (HH:MM)

LOCATION: Pk Nahr Lampost 937

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 2238 D
 b) INSURANCE COMPANY: ANAC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CB 400
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: SAIFUL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 91149857
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (23/02/1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/05/2014

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: JUPRAN KARN

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN CAR MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

email = saifulsyatig23@hotmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20210203/2083

1 of 3

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

Report No. T/20210203/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2021 15:06		Vide Report No.: E/20210202/0145		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: SAIFUL MUHAMMAD SYAFIQ BIN SHAIFUL AZHAR			Address: APT BLK 286A TOH GUAN ROAD #05-44 SINGAPORE 601286		
ID Type / ID No.: NRIC NO / S8906191A			Contact No.: Home/Office: Mobile: 91149357		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 23/02/1989	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Prison officer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/02/2021 22:15	Type of Location:
Location: PAN-ISLAND EXPRESSWAY Lamp Post Number: 937				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC2238D	Motorcycle	HONDA	CB400	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC2238D	NTUC Income Insurance Co-Operative Limited	5097112603-03	03/01/2021	02/01/2022



**SINGAPORE
POLICE FORCE**



T/20210203/2083

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

2 of 3

Report No. T/20210203/2083

CONTINUATION OF REPORT

Brief Details.

On 02/02/2021 at about 2215hrs, I was riding my motorcycle bearing registration plate number FBC2238D along PIE towards Tuas after Stevens Road exit. I was alone and no pillion rider was with me. I was riding along the first lane.

Suddenly, I felt an impact on the rear right side of my motorcycle, which caused me to swerve my motorbike towards the left and hit onto another red vehicle. I dropped from my motorbike onto the road and rolled on the road.

I saw that it was a white car that hit onto me from the rear right, however, I did not see the registration plate number of the white car that hit onto me. I also did not see the plate number of the red car that I hit onto.

Police and ambulance arrived at the accident location. I was subsequently conveyed to Tan Tock Seng Hospital by the ambulance and given 7 days of hospitalization leave from 02/02/2021 to 08/02/2021.

My motorbike is damaged as well but I am unsure of the extent of damage.



**SINGAPORE
POLICE FORCE**



T/20210203/2083

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

3 of 3

Report No. T/20210203/2083

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 AARON LOW ZHAO REN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

SN 34

SIGNATURE

Signature Of Informant:

Date/Time:
03/02/2021 15:06

Classification Of Case:



MEDICAL CERTIFICATE

ORIGINAL

TTSH21025601

NAME: SAIFUL MUHAMMAD SYAFIQ BIN SHAFUL AZHAR

NRIC: S89061914

Type of Medical Leave granted : **HOSPITALIZATION LEAVE**

The above named is unfit for duty for a period of 7 day(s) from **02-Feb-2021** to **08-Feb-2021** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **02-Feb-2021 23:24** to **03-Feb-2021 04:37**

03-Feb-2021

Date

HENG QI HUI BERNICE
(60877G)

Issued by

Op Theatre

Location

Signature

Claim Handling

Accident MT/1120070

Policy No.	5097112603-03	Vehicle No.	FBC2238D	GST Registration No.
Certificate No.				
Policyholder Name	SAIFUL MUHAMMAD SYAFIQ BIN SHAFUL AZHAR			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91149357	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(%)	20	Private Hire

▼ Accident Details

Report Date	05/02/2021 10:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/02/2021	Time of Accident hh:mm	22:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE NEAR LAMP POST 937			

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

▼ Policyholder Mailing Address

Address 1	BLK 286A #05-44	Address 2	TOH GUAN ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-44	Related Policy Number	5097112603-03	

▼ OI Driver Info

Driver Name	Saiful Muhammad Syafiq Bin Shaiful Azhar	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8906191A	Driving Experience
Register Date of Driver License	01/01/2016	Driver Age	31	Contact No.(Home)
Contact No.(Mobile)	91149357	Contact No.(Office)		Address 3
Address 1	BLK 286A #05-44	Address 2	TOH GUAN ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.	05-44			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBC2238D	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	SAIFUL M
Contact No.(Mobile)	91149357	Contact No. (Home)	
Email Address	SAIFULSYAFIQ23@HOTMAIL.CC	Vehicle Number	FBC2238
Claim Description	FBC2238D / UNKNOWN CAR ON 2 Feb 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	05/02/2021 10:42

Report Taken By

ROS LI WAHAB


















☒ Print AK letter

Attachment

Accident No. MT/1120070 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 05/02/2021 10:44

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="YES"/>
<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="YES"/>
<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="YES"/>
<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="YES"/>
<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="YES"/>
<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="YES"/>
<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="YES"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:44	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:44	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:44	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:44	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:44	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:43	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:43	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:43	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:43	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:43	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:43	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:43	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:43	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:43	NRIC/ Driving License	Y	NRIC/ Driving L
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Feb 2021 10:43	SAS	Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name	
			<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

02/02/2021 17:15

Vehicle No.(For Motor)

FBC2238D

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097112603-03		SAIFUL MUHAMMAD SYAFIQ BIN SHAFUL AZHAR	S8906191A	GMC	Third Party, Fire & Theft	FBC2238D	FBC2238D	03/01/2021	02/01/2022

Continue