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SN08212B0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/02/2021 09:55 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/02/2021 09:55 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 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 11/02/2021 09:55 (SGT) Date of Accident 10/02/2021 10:00 (SGT) Exact Location of Accident Farrer Rd, Singapore Additional Location Information TOWARDS BUKIT TIMAH ROAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBA8385H

INSURED/POLICYHOLDER

Is company? No MUHAMMAD ILYASA BIN MOHD MEHMOOD Name Of Registered Owner NRIC No SXXXX617J **Email Address** milyasa15@gmail.com Mobile Phone No (Phone) +65-98284261 Alternative Phone No. +65-98284261

VEHICLE PARTICULARS

Manufacturer Honda Model Cb400 Variant Exact purpose for which vehicle was being used at time of

Employment accident

Are you claiming under your own insurance policy for repair to

your vehicle?

No - Reporting only Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number 5118926056 Cover Note Number

DRIVER

Name of Driver MUHAMMAD ILYASA BIN MOHD MEHMOOD NRIC No SXXXX617J

Date Of Driving Pass	06/12/2018
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98284261
Alt, Phone Number	+65-98284261
Email Address	milyasa15@gmail.com
Address	BLK 48 STIRLING ROAD #04-572
Address complement	-
Postcode	141048
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	-
mountained demparty of outer vertical extract by Error	
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)	I.
soliciting/offering accident claims assistance?	No
soliciting/offering accident claims assistance?	110
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Missionabe sacrate semperatura que presenta en entractica de mentra en minimo de	
Police Station Name	Tanglin Division Headquaters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT E/20210210/7041	
ATTACHMENT(S)	
ACT DIVIDED STREET AND ACT	
Are accident photos available for attachment?	Yes
	The state of the s
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
Total Company of the	TO VEHICLE DEODEDTY
DETAILS OF OTHE	R VEHICLE PROPERTY 1
White Designation N	ONANZOE A L
Vehicle Registration Number	SMM7854J
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-

Private car

Vehicle Colour Vehicle Category

Contact Number	(Phone) +65-86115331
Address	:-
Address complement	-
Postcode	-
Insurance Company Name	=
Nature Of Damage	<b>a</b> :
Details of property damaged in accident	
No. Of Passenger (Including Driver)	2
9 , 9	

## **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

MUHAMMAD ILYASA BIN MOHD MEHMOOD
SLIGHT INJURY
FBA8385H
No

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

11/02/2021

Policyholder's Signature / Date & Time

B) SMM 1854 J

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

TARRAR Koto

BUKI TIMAH

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RECLA	w police	Dunnen	(/20210210	1701/1	
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				/	

## Declaration

We declare the foregoing particulars are true in every respect.

11/02/2021

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (10. /02/ 2021) (DD/MM/YYYY), TIME: (10 :00) (HH:MM)
LOCATION: Farrer Roca Lowerton Jup Romo Loworlas B1 7im
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: F BA 8385 4
b)INSURANCE COMPANY: NTUC
CIPOLICY NUMBER: 5118926086
DIPOLICY TYPE: (COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE &THEFT)
OMAKE & MODEL: Handa CB400
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 YOUP OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME: Muhammae Ilyasa Bin Mohd Mehmood (MALE) FEMALE)
b)NRIC/FIN/PASSPORT: 6964361 27 CONTACT: 9828 4261
C)ADDRESS: Blk 48 stilling Road #04-572 S141048
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
HO of passanger DRIVER
(MALE / FEMALE)
(Including driver) GINAME: AS Above (MALE / FEMALE)  BINRIC/FIN/PASSPORT: CONTACT:
c)ADDRESS:
"d) DATE OF BIRTH: ( 09 / 12 / 1998 ) (DD/MM/YYYY) .
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS 06/12/2018
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner
5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES NO)
7. a) REPORTED TO POUCE (YES) NOT "
IF YES, PLEASE STATE WHICH POLICE STATION:
8 THIRD PARTY VEHICLE
He of passenger a) VEHICLE NUMBER: SMM 7854 J MODEL: Honda rezel.
Including driver) b) DRIVER'S NAME: Any Tong Sim
(2) "C) NRIC/FIN/PASSPORT: 56832616H CONTACT: 8611 5321
THING! TAKE FEILOCG
No of passanger d) VEHICLE NUMBER: MODEL: "
lands the detail of Shirter of Walls
Including driver f) NRIC/FIN/PASSPORT: CONTACT:
( )

email = milyasais a gmail. Com





1 of 2

3....

Report No. E/20210210/7041

# POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Date/Time Report Made 10/02/2021 22:36	Vide Report No.			Station Diary No.	
Name Of Informant MUHAMMAD ILYASA BIN MOHD MEHMOOD	Address 48 STIRLING ROAD #04-572 SINGAPORE 141048				
ID Type / ID No. NRIC NO / S9843617J	Contact Home/O		Mobile: 98284261		
Nationality SINGAPORE CITIZEN	Email Address MILYASA15@GMAIL.COM				
Occupation	Sex	Age	Date of Birth	Race	
Despatch worker	Male	22	09/12/1998	Indian	
Institution/School Name	Language English				
Date/Time Of Incident 10/02/2021 10:00 - 10/02/2021 12:00	Location Of Incident FARRER ROAD				
Brief details.					

While i was on the bike changing lane checking my blind spot going at a speed of 40-45 km/h, the car im front of me suddenly jam brake for no what ever reason and by the time i look back to the front i jam brake as hard as I could, but because it was a sudden jam brake from the car i did tried my best to brake but my bike couldn't stop in time and rear-ended the car in front. The was a slight damage to the car and my bike. I've already went to the polyclinic because my ankle and my whole left shoulder was in pain and the said most probably it is a muscle sprain on something, the polyclinic say that you can check with them for more information about my injury and the mc I've received.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2021 22:36
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

## **CONTINUATION OF REPORT**

Report No. E/20210210/7041

Subjects Involve	d d				
Suspect Person Name	ANG TONG SIM				
ID Type	NRIC NO	ID No	S6832616H		
Gender	Male	Age	53		
Race	Chinese				
Mobile No	86115331	Language	English		
MODILE 140	00113331				
Victim					
Person Name	MUHAMMAD ILYASA B	IN MOHD MEHMOOD			
ID Type	NRIC NO	ID No	S9843617J		
Gender	Male	Age	22		
Race	Indian	Language	English		
Occupation	Despatch worker	Address	48 STIRLING ROAD #04-572		
			SINGAPORE 141048		
Mobile No	98284261	Is Informant A	Yes		
		Victim?	. 55		
		Vicum?			
Person Name	ANG TONG SIM				
ID Type	NRIC NO	ID No	S6832616H		
Gender	Male	Age	53		
Race	Chinese	Language	English		
Mobile No	86115331	9			
Person Name	MUHAMMAD ILYASA B	IN MOHD MEHMOOD (In	nformant)		
Signature Of Off	icer Recording The Report:	Signatur	re Of Informant:		
	3	The ider	The identity of the person making this report has been authenticated by		
Not applicable		report h	report has been authenticated by		
			ss. No signature is required.		
Signature Of Interpreter: Not applicable			Date/Time: 10/02/2021 22:36		
		10/02/20			
Officer In-Charge Of Case:		Classific	Classification Of Case:		
Officer in-Office Of Case.		Ciassiii	callott Of Case.		
A					
Authentication S	tamp				

### Claim Handling Accident MT/1120853

- Policy No.	5118926056				
Certificate No.	2119350020	Vehicle No.	FBA8385H		GST Registration No.
Policyholder Name	MILHAMMAD TIVASA DIN MOUD MEUNATE				
Product Code	MUHAMMAD ILYASA BIN MOHD MEHMOOD  MOTORCYCLE INSURANCE	National areas			Policyholder NRIC
Contact No.(Mobile)	NA NA	Cover Type	Third Party		Loading
Email Address	114	Contact No.(Office)			Contact No.(Home)
KFK	No. Ver	Special Remark			eCode
NCD Protection	No Yes	TCA	No Yes		eCode Reason
	No	NCD Entitlement(%)	0		Private Hire
	and the second s				
Report Date	11/02/2021 09:14	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	10/02/2021	Time of Accident hh:mm	10:00		Country of Accident
Reporting Centre		Orange Force			ICM No.
Accident Location	ALONG FARRER ROAD				
▼ Total Excess Applicab	le				
Excess Type	Per Accident	Windscreen Excess			
OD Strandard Sugar					
OD Standard Excess YIED OD Excess	0.00	TP Standard Excess		0.00	
		YIED TP Excess			Driver is Covered?
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00	
▼ Benefits					
GST Registered GST Registration No.	No		GST Regist	tration Date	
Modification History			GST Status	s Verified	Yes
Piodificación History					
	144				
Address 1	BLK 48 #04-572	Address 2	STIRLING ROAD		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	04-572	Related Policy Number	5118926056		
▽ OI Driver Info					
Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC			Driver DOB
Register Date of Driver Licens	e	Driver Age			Driving Experience
Contact No.(Mobile)		Contact No.(Office)			Contact No.(Home)
Address 1		Address 2			Address 3
Address 4		Address Type	Foreign address		Post Code
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Insurer Comp.
Modification History					
,					
Claim 002 New					
Claim Type *				OD-MX	✓ Insured MUHAMM
Contact No.(Mobile)					Contact
admidde Hol(Hobile)				87496472	No. (Home)
Email Address					01
					Vehicle FBA8385 Number
Claim Description				EDAGDOSIA A GAMAGOS AS	
				FBA8385H / SMM7854J ON	10 Feb 2021
Preferred Workshop	Insured Liability Fully at Fault	~			
Contact No. Yes	➤ Repair Preferred Workshop, Nar		· ·		
Date Registered	Option	Topott -		11/02/2021 09:50	Claim Close
Report Taken By					Date
Print AK letter				ROSLI WAHAB	
- Thin an letter					

Save Submit Attachment MT/1120853 Claim No. 002 Last Doc. Received ● Yes ○ No Upload Date 11/02/2021 09:59 Path \* Category \* Confidential Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Attachment List Attachment Uploaded By/Date Category Urgency Descr v- " 3000 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59 NRIC/ Driving License Normal NRIC/ Driving Li-NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59 SAS Normal SAS 20 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BÜKIT MERAH)) on 11 Feb 2021 09:50 Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BÜKIT MERAH)) on 11 Feb 2021 09:50 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:50 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:50 Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:50 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:50 Photos Normal Photos 2 Video List Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

My Desktop Poli

Change Language

Change Password

Log Out

My Desktop Notice of Loss 
 Policy Query
 Date of Accident
 10/02/2021 09:25

 Vehicle No.(For Motor)
 FBA8385H
 Certificate Number

Search

Select Policy No.

5118926056

0

Certificate Number

Policyholder Name MUHAMMAD ILYASA BIN MOHD MEHMOOD Policyholder NRIC Pro

598436173

Product Cover Type

Vehicle Insured No. Object

GMC Third Party FBA8385H FBA8385H

Commence Exp

Expiry Date

03/09/2020 12/09/2021

Continue