

# NATIONAL Assessment Centre Services.

(w/1 Jan 2021)

SA10821210005

Date In: 23/02/2021 16:38	Job description	Date & Time Completed	Done by
Ref No: N/A/10025914	SAS e-Milling		
Veh No: FBL 79C	E-mail (5 days 2hrs, A/C 2hrs)		
D.O.A: 13/01/2021 18:00	I-Motor Claims Form	mt11117498-002	23/02/2021 16:46
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pnx / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / OW: (	Tel:	Fax:
TP Principal/s: Vch No: SCH 6622m	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 > \$9000] ( )

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver/Owner:	1) All Accident Reporting (50)	INC (50)
Contact No:	2) DA: Damage Assessment (\$100)	\$100
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TIL: TIL Inspection	\$75
	7) NI: IDA + EMRI Survey	\$160
	8) RTUC Additional Services	
	ON:	\$3
	• NS: Courtesy Car / Tpl Allowance	\$10
	• NS: Repairs Coordination	\$25
	• NS: Post Repair Inspection	\$3
	• NS: DV / Collect Excess Coordination	\$30
	TP (NI) / TP (NI) INC / TP (NI) INC	\$0
	2) NI: IDA Mobile	
	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	23/02/2021 16:38 (SGT)
Date of Accident	13/01/2021 18:00 (SGT)
Exact Location of Accident	Jurong Town Hall, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL79L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	5077950956-04
NRIC No	SXXXX604E
Email Address	annagary97@yahoo.com.sg
Mobile Phone No	(Phone) +65-98559987
Alternative Phone No	+65-93503329

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Wave
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 - Reporting only
Vehicle Category	Motorcycle

## INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5077950956-04
Cover Note Number	-

## DRIVER

Name of Driver	QUEK SWEE THIAM
NRIC No	SXXXX327D

Date Of Driving Pass	16/02/1977
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93503329
Alt. Phone Number	-
Email Address	annagary97@yahoo.com.sg
Address	BLK 86 TELOK BLANGAH HEIGHTS #29-373
Address complement	-
Postcode	100086
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Cross Junction
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 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/20210128/2022

#### 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	SCH6622M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person	QUEK SWEE THIAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBL79L
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.
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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.

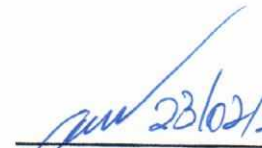
(collectively the "Purposes")

(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.

 28/1/21  
Policyholder's Signature / Date &  
Time

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

 23/02/2021  
Witnessed by Reporting Centre  
Personnel

Sketch Plan


UNKNOWN RIDER WAS UNCONCIOUS

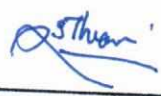
Describe Circumstances of the Accident

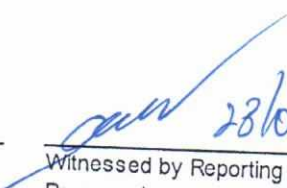
REFER TO POLICE REPORT 7/20210128/2022

Declaration

We declare the foregoing particulars are true in every respect.

 28/1/21  
Policyholder's Signature / Date &  
Time

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

 28/02/2021  
Witnessed by Reporting Centre  
Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: 13/01/2021 (DD/MM/YYYY), TIME: 18:00 (HH:MM)

LOCATION: Tubau Tanu Park Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB2 79L  
 b) INSURANCE COMPANY: MUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Wave 125  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: on 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: Tan Joon Hoek (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9855 9987  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Quik Suan 7 Huan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9350 3329  
 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: FRIND

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: BUKIT MARAH

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SC4 6622M MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email: annagary 97@yahoo.com.sg

VIDEO



# SINGAPORE POLICE FORCE



T/20210128/2022

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

1 of 3

Report No. T/20210128/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2021 10:40		Vide Report No.:		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: QUEK SWEE THIAM			Address: APT BLK 20 TEBAN GARDENS ROAD #17-101 SINGAPORE 600020		
ID Type / ID No.: NRIC NO / S0131327D			Contact No.: Home/Office: Mobile: 93503329		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 03/07/1953	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SCHOOL BUS DRIVER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/01/2021 18:00	Type of Location: T-Junction
Location:  JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Cannot recall				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL79L	Motorcycle					0
SCH6622M	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210128/2022

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

2 of 3

Report No. T/20210128/2022

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	QUEK SWEE THIAM	ID No.	S0131327D
Related Vehicle	FBL79L (Motorcycle)	Contact No.	93503329
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2021	Date Discharge	25/01/2021
No. of Days granted Medical Leave	40	Degree of Injury	Serious

**Brief Details.**

On the 13/01/2021, at about 1800hrs, I was riding along Jurong Town Hall Road when I was hit by another car. After I was hit, I lost consciousness and was conveyed to the hospital. I was hospitalized for 13days in NUH and given 40days of MC. I could not recall anything at all. I was discharged on the 25/01/2021.

With reference to: TP/IP/02405/2021



**SINGAPORE  
POLICE FORCE**



T/20210128/2022

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

3 of 3

Report No. T/20210128/2022

**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 /  
Sr Staff Sgt NG ZHILING, REGINA

Signature Of Informant:

*Q. Thian*

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/01/2021 10:40

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

Classification Of Case:

Authentication Stamp  
NP168



SN 45

SIGNATURE



## Claim Handling

Accident MT/1117498

Policy No.	5077950956-04	Vehicle No.	FBL79L	GST Registration No.
Certificate No.				
Policyholder Name	TAN TIONG HOCK			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	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	15/01/2021 13:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/01/2021	Time of Accident hh:mm	18:09	Country of Accident
Reporting Centre	administrator	Orange Force	Yes	ICM No.
Accident Location	ALONG AYE EXIT 13 JURONG TOWN HALL JUNCTION			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		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 86 #29-373	Address 2	TELOK BLANGAH HEIGHTS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	29-373	Related Policy Number	5114017387-01	

## ▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	TAN TIONG HOCK
Contact No.(Mobile)	98559987	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	FBL79L
Claim Description	FBL79L / SCH6622M ON 13 Jan 2021		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	23/02/2021 16:45	Claim Close Date	
Report Taken By	ROSLI WAHAB		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1117498	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/02/2021 16:46

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

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:46	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:46	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:46	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:46	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:46	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:45	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:45	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:45	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:45	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Feb 2021 16:45	SAS		Normal	SAS 20

## Video List

Uploaded By/Date	Folder Date	File Name	
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<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>
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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"/>	5077950956-04		TAN TIONG HOCK	S1663604E	GMC	Third Party	FBL79L	FBL79L	02/03/2020	01/03/2021