

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 | 24/02/2021 13:14 (SGT) |
| Date of Accident | 22/02/2021 12:00 (SGT) |
| Exact Location of Accident | King's Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBQ8536E |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------------|
| Is company? | No |
| Name Of Registered Owner | ARDY ISKANDAR BIN MUHAMMAD RAFI |
| NRIC No | SXXXX922Z |
| Email Address | zackiskandar5230@gmail.com |
| Mobile Phone No | (Phone) +65-92330439 |
| Alternative Phone No | +65-92330439 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Cb150r |
| 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 | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | 5115606226-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------------------|
| Name of Driver | ARDY ISKANDAR BIN MUHAMMAD RAFI |
| NRIC No | SXXXX922Z |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 16/05/2018 |
| Driving experience | 2 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92330439 |
| Alt. Phone Number | +65-92330439 |
| Email Address | zackiskandar5230@gmail.com |
| Address | BLK 165 STIRLING ROAD #12-1249 |
| Address complement | - |
| Postcode | 140165 |
| 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 - Major/Minor Rd |
| 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/20210222/2119

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SMF8535K |
| Vehicle Manufacturer | Kia |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | NO MINOR INJURY |

| | | |
|---|-------|---|
| 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 | ..... | ARDY ISKANDAR BIN MUHAMMAD RAFI |
| Address | ..... | - |
| Address Complement | ..... | - |
| Post Code | ..... | - |
| Approximate Age Years Old | ..... | - |
| Injuries Sustained | ..... | SLIGHT INJURY |
| Injured person in which vehicle? | ..... | FBQ8536E |
| Were seat belts worn? | ..... | - |
| Was this injured conveyed to hospital by ambulance? | | No |

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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")

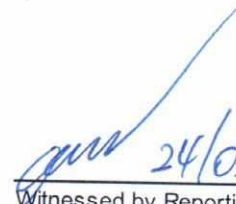
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

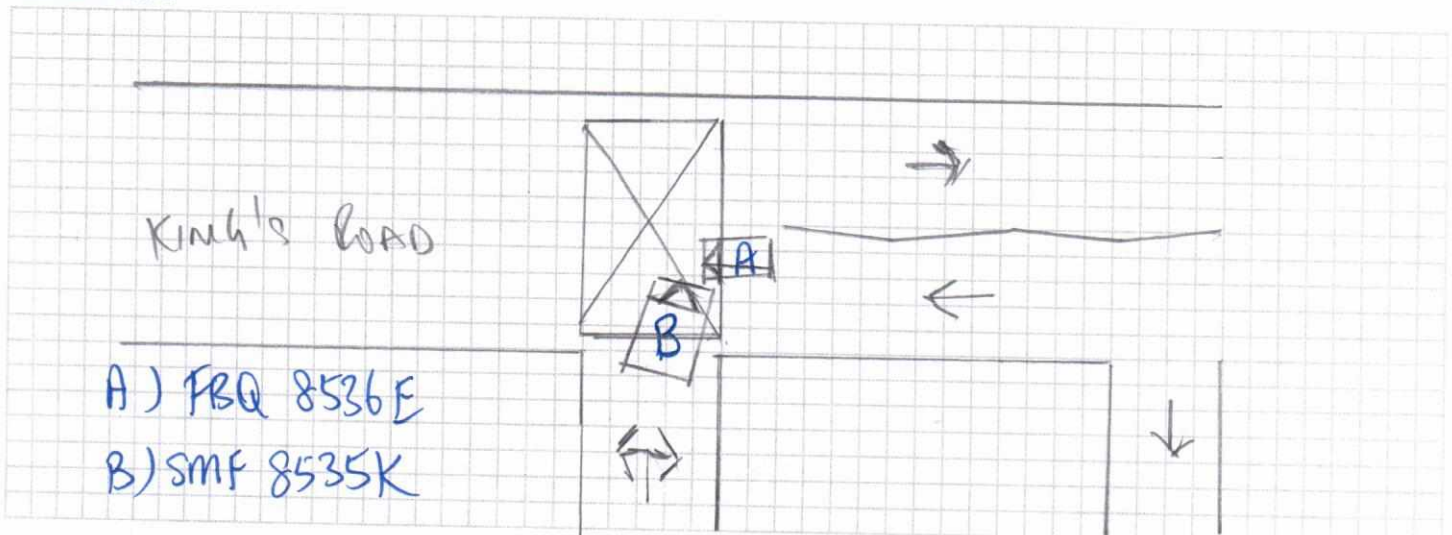

24/2/2021
1200 HRS

Policyholder's Signature / Date & Time

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


24/02/2021
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

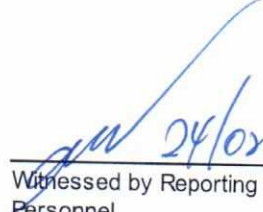
REFER TO POLICE REPORT 7/20210222/2119

Declaration

We declare the foregoing particulars are true in every respect.


24/2/2021
1200hrs
Policyholder's Signature / Date & Time

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


24/02/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 02 / 2021) (DD/MM/YYYY), TIME: (11 : 59) (HH:MM)

LOCATION: Kings Road towards bukit timan Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ 8536E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 511 5606226 - 01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CB 150
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: ARDY ISKANDAR B MUHDRAFI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S94399222 CONTACT: 9233 0439
c) ADDRESS: BLK 165 Stirling Road #12-1249

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (29 / 10 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 MAY 2018

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 NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SME 8535E MODEL: KIA
b) DRIVER'S NAME: NG MIN MUAT
c) NRIC/FIN/PASSPORT: S0163767C CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = zackistandar5230@gmail.com

VIDEO Yes



SINGAPORE POLICE FORCE



T/20210222/2119

1 of 3

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

Report No. T/20210222/2119

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 22/02/2021 18:09 | | Vide Report No.: | | Station Diary No.: 77 | |
| Informant's Particulars | | | | | |
| Name of Informant: ARDY ISKANDAR BIN MUHAMMAD RAFI | | | Address: APT BLK 165 STIRLING ROAD #12-1249 SINGAPORE 140165 | | |
| ID Type / ID No.: NRIC NO / S9439922Z | | | Contact No.: Home/Office: Mobile: 92330439 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 26 | Date of Birth: 29/10/1994 | Type of Informant: Rider | | |
| Race: Malay | | | Language: English | | Institution / School Name: |
| Occupation: Rider | | | Driving Licence Information: Class: 2B | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 22/02/2021 12:00 | Type of Location: T-Junction |
| Location: EMPRESS ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|------------------|-------|---------------------|-----------------|
| FBQ8536E | Motorcycle | HONDA | CB150R MANUAL | Red | Slightly Damaged | 0 |
| SMF8535K | Car | KIA | | Blue | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| FBQ8536E | NTUC Income Insurance Co-Operative Limited | 5115606226-01 | 15/01/2021 | 14/01/2022 |



**SINGAPORE
POLICE FORCE**



T/20210222/2119

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

2 of 3

Report No. T/20210222/2119

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | ARDY ISKANDAR BIN MUHAMMAD RAFI | ID No. | S9439922Z |
| Related Vehicle | FBQ8536E (Motorcycle) | Contact No. | 92330439 |
| Hospital/Clinic | ALEXANDRA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 22/02/2021 | Date Discharge | 22/02/2021 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | Ng Min Huat | ID No. | S0163767C |
| Related Vehicle | NIL | Contact No. | NIL |
| 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 abovementioned date, time and location, I was riding along Empress road when a car, SMF8535K, came out from the minor road on the left, failing to check for oncoming traffic. I couldn't evade in time and collided onto the front right bumper of the car. I subsequently went to seek treatment at Alexandra Hospital for back and head injury and was given 3 days of medical leave, commencing on the 22/02/2021. I was diagnosed as having back aches and given medication. I was told to monitor my condition due to my head injury and told to seek treatment again if it persists. My motorcycle is slightly damaged and I had sent it for repair.



**SINGAPORE
POLICE FORCE**



T/20210222/2119

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

3 of 3

Report No. T/20210222/2119

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 HAZALI BIN SANUSI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476229

Signature Of Informant:

Date/Time:

22/02/2021 18:09

Classification Of Case:



Authentication Stamp

NP168

SN 49

SIGNATURE

Claim Handling

Accident MT/1122189

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5115606226-01 | Vehicle No. | FBQ8536E | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | ARDY ISKANDAR BIN MUHAMMAD RAFI | | | Policyholder NRIC |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party, Fire & Theft | Loading |
| Contact No.(Mobile) | 92330439 | 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(%) | 10 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|
| Report Date | 24/02/2021 14:37 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 22/02/2021 | Time of Accident hh:mm | 12:00 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | KING;S ROAD | | | |

▼ 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 |
| Additional Excess | | | Driver is Covered? |
| 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 50 #13-500 | Address 2 | COMMONWEALTH DRIVE | Address 3 |
| Address 4 | SINGAPORE 142050 | Address Type | Singapore address | Post Code |
| Unit No. | 13-500 | Related Policy Number | 5115606226-01 | |

▼ OI Driver Info

| | | | |
|---|---|---------------------|----------------------|
| Driver Name | ARDY ISKANDAR BIN MUHAMMAD RAFI | Driver Type | Main Driver |
| Unnamed driver Name | | Driver NRIC | S9439922Z |
| Register Date of Driver License | 16/05/2018 | Driver Age | 26 |
| Contact No.(Mobile) | 92330439 | Contact No.(Office) | |
| Address 1 | BLK 50 #13-500 | Address 2 | COMMONWEALTH DRIVE |
| Address 4 | SINGAPORE 142050 | Address Type | Singapore address |
| Unit No. | 13-500 | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | FBQ8536E |
| | | | Driver Insurer Comp. |

Declaration

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

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

| | | | | | |
|--------------------|----------------------|----------------------------------|--------------|------------|----------|
| Preferred Workshop | <input type="text"/> | Insured Liability | Not at Fault | GIA report | Received |
| Repair Option | <input type="text"/> | Preferred Workshop, Name unknown | | | |
| Date Registered | 24/02/2021 14:53 | Claim Close Date | | | |

Report Taken By

ROS LI WAHAB

☐ Print AK letter

Attachment

| | | | |
|---|---|--|--|
| Accident No. | MT/1122189 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 24/02/2021 14:55 |
| Path * | | Category * | |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | <input type="button" value="Confidential"/> NO |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | <input type="button" value="Confidential"/> NO |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | <input type="button" value="Confidential"/> NO |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | <input type="button" value="Confidential"/> NO |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | <input type="button" value="Confidential"/> NO |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | <input type="button" value="Confidential"/> NO |
| <input type="button" value="Message Read"/> | | <input type="button" value="Clear"/> Please Select | <input type="button" value="Confidential"/> NO |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descr |
|---|--|----------|---------|----------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:54 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:54 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:54 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:54 | Photos | Normal | Photos 2 |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:53 | Photos | Normal | Photos 2 |

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 24 Feb 2021 14:53

Photos

Normal

Photos 2

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 24 Feb 2021 14:53

NRIC/ Driving License

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Normal

NRIC/ Driving Li

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 24 Feb 2021 14:53

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

22/02/2021 11:45

Vehicle No.(For Motor)

FBQ8536E

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"/> | 5115606226-01 | | ARDY ISKANDAR BIN MUHAMMAD RAFI | S9439922Z | GMC | Third Party, Fire & Theft | FBQ8536E | FBQ8536E | 15/01/2021 | 14/01/2022 |