

Date In: 26/02/2021 17:22	Job description	Date & Time Completed	Done by
Ref No: NA2101374	SAS e-illing		
Veh No: FXC 9559P	E-mail (by date 3hrs, A/C 2hrs)		
D.O.A: 20/02/2021 13:30	I-Motor Claims Form	MT/112251500	26/02/2021
OT <input checked="" type="checkbox"/> TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		17:28
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/WRKSP		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Policy No: () Vch No: **SGJ 6106D** 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 Refor of repolar.

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: _____

NA2101374	1) All Accident Reporting (\$30)	
Driver/Owner:	3) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	5) TP: Towing Fee	\$405.45
Damage Portion:	4) TP: Follow Through Survey	\$120
QC Checked by (Engr-In-Charge):	3) TP: Follow Through Survey (Resurvey)	\$30
	6) TP: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	4) NIUC Additional Services	
	OR:	
	* NI: Courtesy Car / Tpl Allowance	\$5
	* NI: Repair Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Excess Coordination	\$5
	TP (NI) + TP (NI) INC + 1st INC + 2nd INC	\$25
	5) NI: Idea Mobile	\$0
	Invoice dated	Fees Charged
	Invoice dated	Fees 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	26/02/2021 17:22 (SGT)
Date of Accident	20/02/2021 13:30 (SGT)
Exact Location of Accident	Yung Kuang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9559P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ASRI BIN SAMAT
NRIC No	SXXXX707J
Email Address	dukeasri@gmail.com
Mobile Phone No	(Phone) +65-98004312
Alternative Phone No	+65-98004312

VEHICLE PARTICULARS

Manufacturer	Piaggio
Model	GILERA RUNNER ST 200
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	5113803209-01
Cover Note Number	-

DRIVER

Name of Driver	ASRI BIN SAMAT
NRIC No	SXXXX707J

Date Of Driving Pass	10/09/1976
Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98004312
Alt. Phone Number	+65-98004312
Email Address	dukeasri@gmail.com
Address	BLK 349 CORPORATION ROAD #01-512
Address complement	-
Postcode	610349
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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210226/2019

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	SGJ6106D
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
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 ASRI BIN SAMAT
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURIES
 Injured person in which vehicle? FBK9559P
 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 willful 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

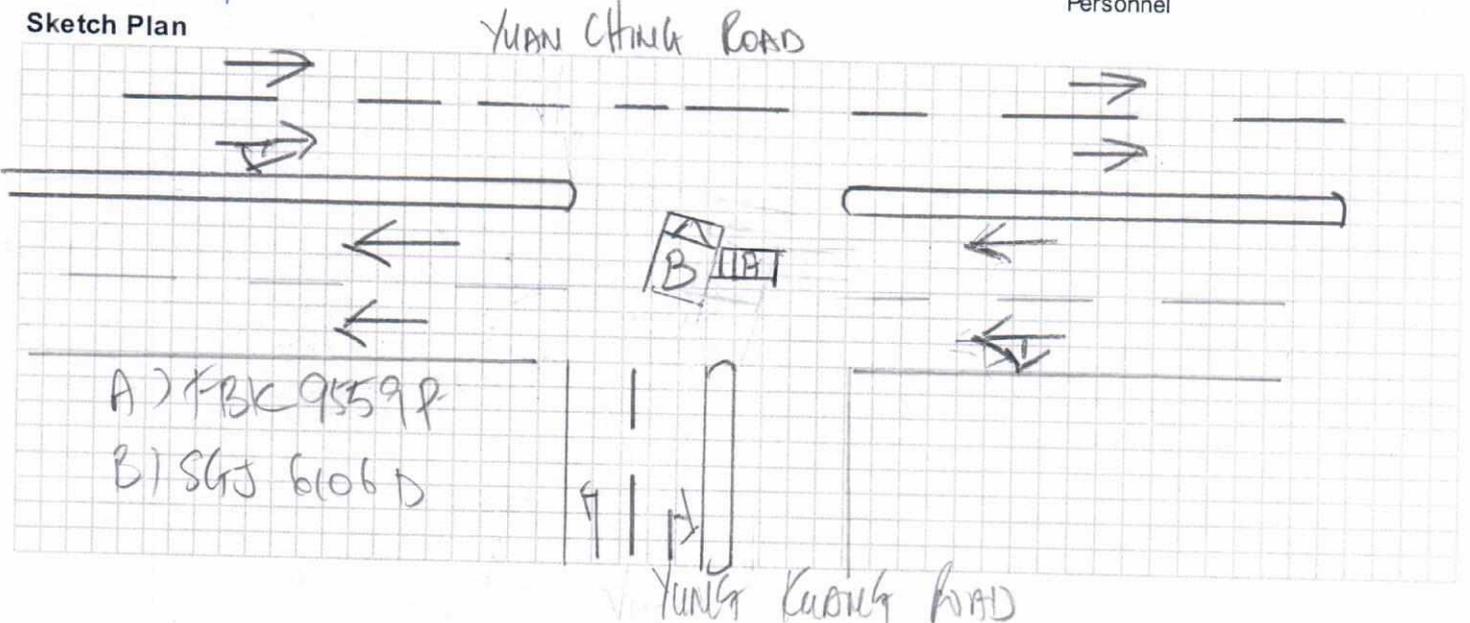
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 26 Feb 2021 / 1400hrs

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

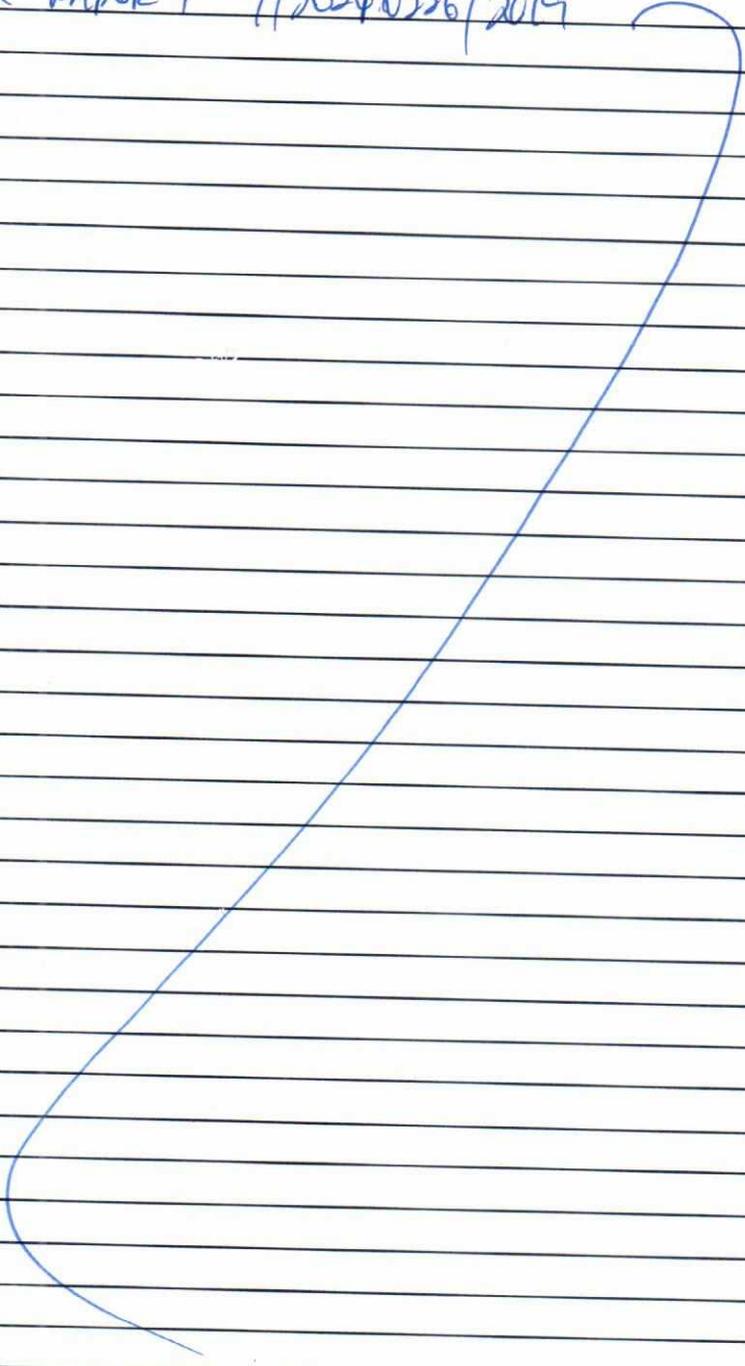
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/2024/0226/2019



Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
26 FEB 21 / 14 00 hrs

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

Witnessed by Reporting Centre Personnel
26/02/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (20/02/2021) (DD/MM/YYYY), TIME: (13:30) (HH:MM)

LOCATION: Yank Kamin Road

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: FBL 9559
 - b) INSURANCE COMPANY: _____
 - c) POLICY NUMBER: _____
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: Plymouth Gemini
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: _____
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
 - a) NAME: AIKE BIN SAMAT (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: DR. SHARON (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

No of passenger
(including driver)
()

- *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) 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: _____

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: SRT 606D MODEL: _____
 - b) DRIVER'S NAME: _____
 - c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
 - c) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

email = dukeastri@gmail.com
VIDEO



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK9559P	NTUC Income Insurance Co-Operative Limited	5113803209-01	01/11/2020	31/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	ASRI BIN SAMAT	ID No.	S7642707J	
Related Vehicle	FBK9559P (Motorcycle)	Contact No.	98004312	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

AS ABOVE MENTIONED FOR DATE, TIME AND LOCATION

I WAS FROM YUNG KUANG ROAD TOWARDS TO LAKESIDE ON THE RIGHT LANE T JUNCTION, I SAW THE VEHICLE ON THE OTHER LANE STOPPED. SUDDENLY WHEN I WAS RIDING THROUGH ON MY LANE, THE VEHICLE FROM THE OTHER LANE WENT FORWARD AND STOPPED ON MY LANE. I DIDN'T ABLE TO STOPPED IN TIME AND I HIT THE VEHICLE THAT WAS INFRONT OF ME. AFTER THE ACCIDENT THAT HAPPENED, THE DRIVER HELPED ME TO ASSIST AND MOVE TO THE SIDE ROAD. I WAS INJURED ON MY LEFT KNEE SWOLLEN AND PAIN ON MY RIGHT RIBS. THE WITNESS SAW THE ACCIDENT AND CALLED THE POLICE AND AMBULANCE. I DIDN'T ABLE TO EXCHANGE PARTICULAR WITH THE DRIVER AND THERE IS NO GOVERMENT PROPERTY DAMAGED.

THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20210226/2019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

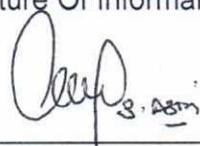
3 of 3
Report No. T/20210226/2019

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: TP /  SC MUHAMMAD NASHIF BIN HADI PUTRA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2021 11:20
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case: <div data-bbox="949 1904 1093 2027" data-label="Image"></div> <div data-bbox="1101 1926 1332 2004" data-label="Text"> <p>SINGAPORE POLICE FORCE</p> </div>
Authentication Stamp NP168	Signature: 



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No: T/SD210226/2019 Name: Asst. Pn Samat
 Accident Date/Time: 20/02/2021 @ 1330hr Address: Blk 349 Corporation Dr
 Vehicle(s) involved: FBR 9559P #01-512
SGJ 61060 NRIC No: S7642707J
 Tel No: 98004310
 Date: 26/02/21

Dear Sir / Madam

I wish to amend as follows :

The date of the accident is on 20/02/2021 instead of 21/02/2021 which was indicated on the traffic accident report that's All.


 Yours faithfully


 Queenstown
 Neighbourhood Police Centre
 No 3 Queensway #01-03
 Singapore 149073

Claim Handling

Accident MT/1122515

Policy No.	5113803209-01	Vehicle No.	FBK9559P	GST Registration No.	
Certificate No.					
Policyholder Name	ASRI BIN SAMAT			Policyholder NRIC	S76
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98004312	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No

▼ **Accident Details**

Report Date	26/02/2021 17:16	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	20/02/2021	Time of Accident hh:mm	13:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	YUNG KUANG 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	Driver is Covered?	Not
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 349 #01-512	Address 2	CORPORATION DRIVE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	610
Unit No.	01-512	Related Policy Number	5113803209-01		

▼ **OI Driver Info**

Driver Name	ASRI BIN SAMAT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7642707J	Driver DOB	19/
Register Date of Driver License	10/09/1997	Driver Age	44	Driving Experience	23
Contact No.(Mobile)	98004312	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 349 #01-512	Address 2	CORPORATION DRIVE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	610
Unit No.	01-512				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBK9559P	Driver Insurer Company	NTL

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ASRI BIN SAMAT	Insured NRIC	S76
Contact No.(Mobile)	98004312	Contact No.(Home)		Contact No.(Office)	644
Email Address	DUKEASRI@GMAIL.COM	OI Vehicle Number	FBK9559P	TP Vehicle Number	SGJ
Claim Description	FBK9559P / SGJ6106D ON 20 Feb 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	26/02/2021 17:25	Claim Close Date		Date Received	26/1
Report Taken By		Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No. MT/1122515 Claim No. 001
 Last Doc. Received Yes No Upload Date 26/02/2021 17:28

- No file chosen
-

Path *

Category *

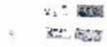
Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:28	Photos	Normal	Photos 2021-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:28	Photos	Normal	Photos 2021-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:28	Photos	Normal	Photos 2021-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:27	Photos	Normal	Photos 2021-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:27	Photos	Normal	Photos 2021-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:27	Photos	Normal	Photos 2021-2-26
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:26	Photos	Normal	Photos 2021-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:26	Photos	Normal	Photos 2021-2-26
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:25	Photos	Normal	Photos 2021-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:25	Photos	Normal	Photos 2021-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:25	Photos	Normal	Photos 2021-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:25	Photos	Normal	Photos 2021-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Feb 2021 17:25	Photos	Normal	Photos 2021-2-26



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S
ERVICES (BUKIT MERAH)) on 26 Feb 2021 17:25

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2021-2-26



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S
ERVICES (BUKIT MERAH)) on 26 Feb 2021 17:25

SAS

Normal

SAS 2021-2-26

Video List

Uploaded By/Date	Folder Date	File Name	Source

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.

Vehicle No.(For Motor)

Date of Accident

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"/>	5113803209-01		ASRI BIN SAMAT	S7642707J	GMC	Third Party, Fire & Theft	FBK9559P	FBK9559P	01/11/2020	31/10/2021

Continue