

NATIONAL Assessment Centre Services.

part 1 Jan'03

SN09212R0008

Date In: 21/02/2021 18:28	Job description	Date & Time Completed	Done by
Ref No: NA2101002690/Y	SAS e-filing		
Veh No: SKU 3953P	E-mail (within 3hrs, AIC 2hrs)		
DCA: 26/02/2021 20:10	I-Motor Claim Form	21/11/2021-00	21/02/2021 18:54
OT: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars:	Veh No: SMJ 1108Z	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 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer 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: _____

Date of Injury: _____

Location: _____

Witness: _____

Police Report: _____

Insurance Claim: _____

NA2101057	Invoice Itemization	Amount (\$)	Added (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Tel: 11	For obtaining against INC Only (wa 10 Jan 2003)		
273:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QJ:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	27/02/2021 18:28 (SGT)
Date of Accident	26/02/2021 20:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS (CHANGI) NEAR JALAN TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3953P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO SZE LOONG EVAN
NRIC No	SXXXX231Z
Email Address	soonsanmotor@gmail.com
Mobile Phone No	(Phone) +65-88774368
Alternative Phone No	+65-88774368

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118417749
Cover Note Number	-

DRIVER

Name of Driver	HO SZE LOONG EVAN
NRIC No	SXXXX231Z
Date Of Birth	25/11/1966
Occupation	Outdoor

Date Of Driving Pass	30/05/1988
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88774368
Alt. Phone Number	+65-88774368
Email Address	soonsanmotor@gmail.com
Address	BLK 216D COMPASSVALE DRIVE #03-570
Address complement	-
Postcode	544216
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	Chain Collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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/20210227/2052

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	SMJ1103Z
Vehicle Manufacturer	Opel
Vehicle Model	Corsa
Vehicle Variant	-

Vehicle Colour	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE7534L
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	-
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	HO SZE LOONG EVAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SKU3953P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

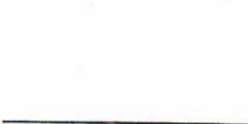
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

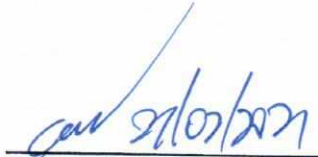
(collectively the "Purposes")

(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

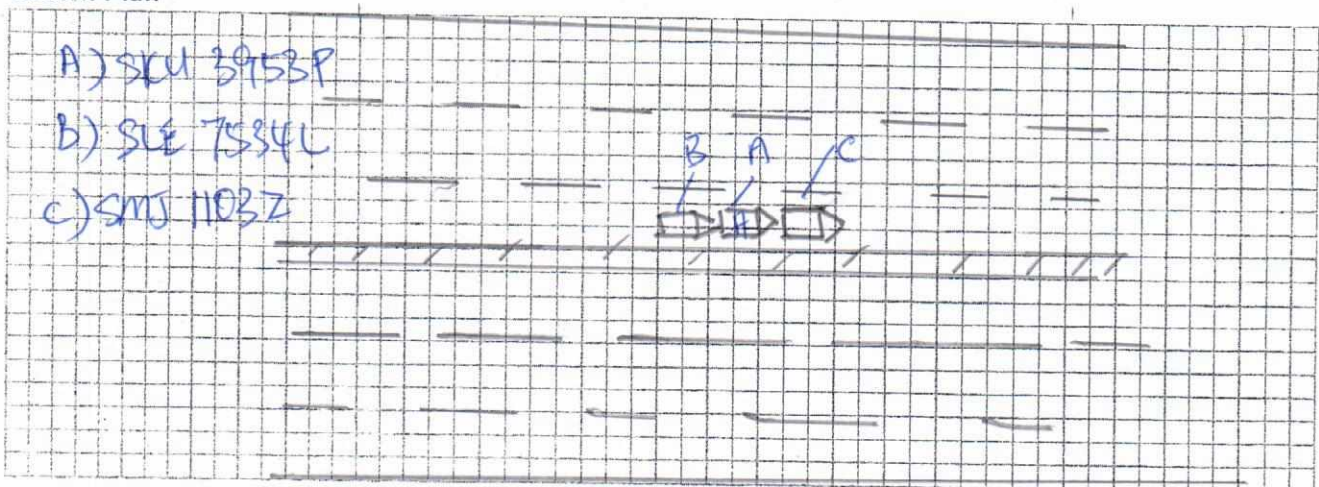
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

Sketch Plan



PIE Towards Changi Airport near Jalan Ton Pajoh

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/10/2022 7/2052

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (26/02/2010) (DD/MM/YYYY), TIME: (20:10) (HH:MM)

LOCATION: PIR JOURNOS CHONGI AIRPORT NEAR JIN KSA PAPAT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 3953P
 b) INSURANCE COMPANY: NMC
 c) POLICY NUMBER: 518417749
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA JAZZ
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
 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: HO ZHENG CHONG FERNAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1722312 CONTACT: 88774368
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ASBOKH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: ROTAC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMT 11032 MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SK 7534L MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = Soonsenmotor@gmail.com

fax =

VIDEO =

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()



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

Report No. T/20210227/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2021 14:55	Vide Report No.: T/20210226/2149	Station Diary No.:
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Informant's Particulars

Name of Informant: HO SZE LOONG EVAN			Address: APT BLK 216D COMPASSVALE DRIVE #03-570 COMPASSVALE MAST SINGAPORE 544216		
ID Type / ID No.: NRIC NO / S1772231Z			Contact No.: Home/Office: Mobile: 88774368		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 25/11/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2021 20:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU3953P	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Purple	Seriously Damaged	0
SLE7534L	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Black		0



**SINGAPORE
POLICE FORCE**



T/20210227/2052

2 of 4

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

Report No. T/20210227/2052

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ1103Z	Car	OPEL	CORSA F12XHT	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU3953P	NTUC Income Insurance Co-Operative Limited	5118417749	30/07/2020	29/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO SZE LOONG EVAN		ID No. S1772231Z
Related Vehicle	SKU3953P (Car)		Contact No. 88774368
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

ON STATED DATE TIME AND LOCATION,

I WAS DRIVING ALONG (PIE) TWDS CHANGI OUTERMOST LANE BEARING PLATE NUMBER (SKU3953P). AT THE POINT OF TIME, TRAFFIC WAS VERY HEAVY, AND AHEAD OF ME, TRAFFIC FLOW WAS VERY SLOW AND SOME EVEN COME TO A STOP. THE VEHICLE IN FRONT OF ME SLOWDOWN AND EVENTUALLY COME TO A STOP. HENCE I SLOWLY COME TO A STOP AND OUT OF THE SUDDEN, I FELT AN IMPACT ON MY REAR OF MY VEHICLE. DUE TO THE IMPACT CAUSING MY WHOLE VEHICLE TO JERK AND COLLIDED ONTO A CAR IN FRONT OF ME BEARING PLATE NUMBER (SMJ1103Z). I FOUND OUT THAT THE DRIVER FOR (SLE7534L) WAS DRIVING VERY FAST, CAUSING MY VEHICLE TO SUSTAINED A BADLY DAMAGE FRONT AND ESPECIALLY REAR PORTION OF MY VEHICLE. MY PASSANGER AND I DID NOT SUSTAIN ANY INJURY PRIOR TO THE ACCIDENT, I EXCHANGE PARTICULARS WITH BOTH DRIVERS. LATER ON I WENT TO A CLINIC TO CONSULT ON MY NECK. EVENTUALLY I WAS GIVEN SOME MEDICATIONS AND MC OF 5 DAYS. THAT'S ALL

REFERENCE NO. T/20210226/2149

COMPLAINANT REQUEST TO CHANGE A FEW THING ON POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20210227/2052

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

4 of 4

Report No. T/20210227/2052

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 SYAFIQ BIN ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/02/2021 14:55

Classification Of Case:

Signature:

Claim Handling

Accident MT/1122621

Policy No.	5118417749	Vehicle No.	SKU3953P	GST Registration No.	
Certificate No.					
Policyholder Name	HO SZE LOONG EVAN			Policyholder NRIC	S1772231Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	88774368	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(%)	0	Private Hire	No

▼ Accident Details

Report Date	27/02/2021 18:29	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/02/2021	Time of Accident hh:mm	20:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS CHANGI NEAR JALAN TOA PAYOH				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

▼ 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 216D #03-570	Address 2	COMPASSVALE DRIVE	Address 3	SINGAPORE 544216
Address 4		Address Type	Singapore address	Post Code	544216
Unit No.		Related Policy Number	5118417749		

▼ OI Driver Info

Driver Name	HO SZE LOONG EVAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1772231Z	Driver DOB	25/11/1966
Register Date of Driver License	30/05/1986	Driver Age	54	Driving Experience	34
Contact No.(Mobile)	88774368	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 216D #03-570	Address 2	COMPASSVALE DRIVE	Address 3	SINGAPORE 544216
Address 4		Address Type	Singapore address	Post Code	544216
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKU3953P	Driver Insurer Company	NTUC

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	HO SZE LOONG EVAN	Insured NRIC	S1772231Z
Contact No.(Mobile)	98405465	Contact No.(Home)	64569735	Contact No.(Office)	
Email Address		OI Vehicle Number	SKU3953P	TP Vehicle Number	SMJ1103Z
Claim Description	SKU3953P / SMJ1103Z ON 26 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	Received
Date Registered	27/02/2021 18:32	Claim Close Date		Date Received	27/02/2021 00:00
Report Taken By					

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1122621	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/02/2021 18:34		
Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

























Choose File No file chosen

Message Read

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

Send Message 1

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	A
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:34	Photos		Normal	Photos 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:34	Photos		Normal	Photos 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:34	Photos		Normal	Photos 2021-2-27		J
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:34	Photos		Normal	Photos 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:34	Photos		Normal	Photos 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:33	Photos		Normal	Photos 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:33	Photos		Normal	Photos 2021-2-27		J
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:33	Photos		Normal	Photos 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:33	Photos		Normal	Photos 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:33	Photos		Normal	Photos 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:32	Photos		Normal	Photos 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:32	Photos		Normal	Photos 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:32	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:32	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:32	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-27		J
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 18:32	SAS		Normal	SAS 2021-2-27		J

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		

Hello, NAC_PAYA_UBI_800601

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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"/>	5118417749		HO SZE LOONG EVAN	S1772231Z	GPC	drivo CLASSIC	SKU3953P	SKU3953P	30/07/2020	29/07/2021