

Date In: 15/03/2021 15:16	Job description	Date & Time Completed	Done by
Ref No: NBA/ACC/NO3351/Y	SAS e-filing		
Veh No: FR 90025	E-mail (by date time, A/C time)		
D.O.A: 12/03/2021 18:18	I-Motor Claims Form	mt/124383-001	15/03/2021 15:25
OD TP Reporting Only	I-Motor W/O (Wills: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Incident/Type: () Veh No: **SHC 25923** 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 ()

Access: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor 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 > \$3000) ()

Injury: ()

()

()

()

NH2101935

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Sign-In-Charge): ()

Vehicle Comments: ()

Signature: ()

Date: ()

1) All Accident Reporting (30)	
2) DA: Damage Assessment (\$100)	INC (20)
3) TP: Towing Fee	\$120
4) PT: Follow-through Survey	\$30
5) PT: Follow-through Survey (Resurvey)	\$30
6) PT: Follow-through Survey (Resurvey) (var 10 min 200)	\$75
7) TP: Re-inspection	\$160
8) NI: Day DA + EMRI Survey	
9) NTUC Additional Services	
ON:	
• NI: Courtesy Car / Tot Allowance	\$5
• NI: Repair Coordination	\$10
• NI: Post Repair Inspection	\$25
• NI: DV / Collect Access Coordination	\$35
• TP (NI) / TP (WHSE) / Totals LHS	\$30
9) NI: 1200 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	15/03/2021 15:16 (SGT)
Date of Accident	12/03/2021 18:15 (SGT)
Exact Location of Accident	Jurong West Street 52, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR9002S
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL RAZAK BIN RAHAMAT
NRIC No	SXXXX125J
Email Address	jacks69012@gmail.com
Mobile Phone No	(Phone) +65-96441012
Alternative Phone No	+65-96441012

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cbf125r
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 - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5119952452
Cover Note Number	-

DRIVER

Name of Driver	ABDUL RAZAK BIN RAHAMAT
NRIC No	SXXXX125J
Date Of Birth	12/10/1970
Occupation	Outdoor

Date Of Driving Pass	19/07/2001
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96441012
Alt. Phone Number	+65-96441012
Email Address	jacks69012@gmail.com
Address	BLK 518 JURONG WEST STREET 52 #06-127
Address complement	-
Postcode	640518
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 - U-Turn
Weather Conditions	CLOUDY
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210313/2030

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	SHC2592J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	QUAH CHIN SEN
NRIC No	SXXXX570G

Contact Number	(Phone) +65-97667565
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	ABDUL RAZAK BIN RAHAMAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR9002S
Were seat belts worn?	-
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

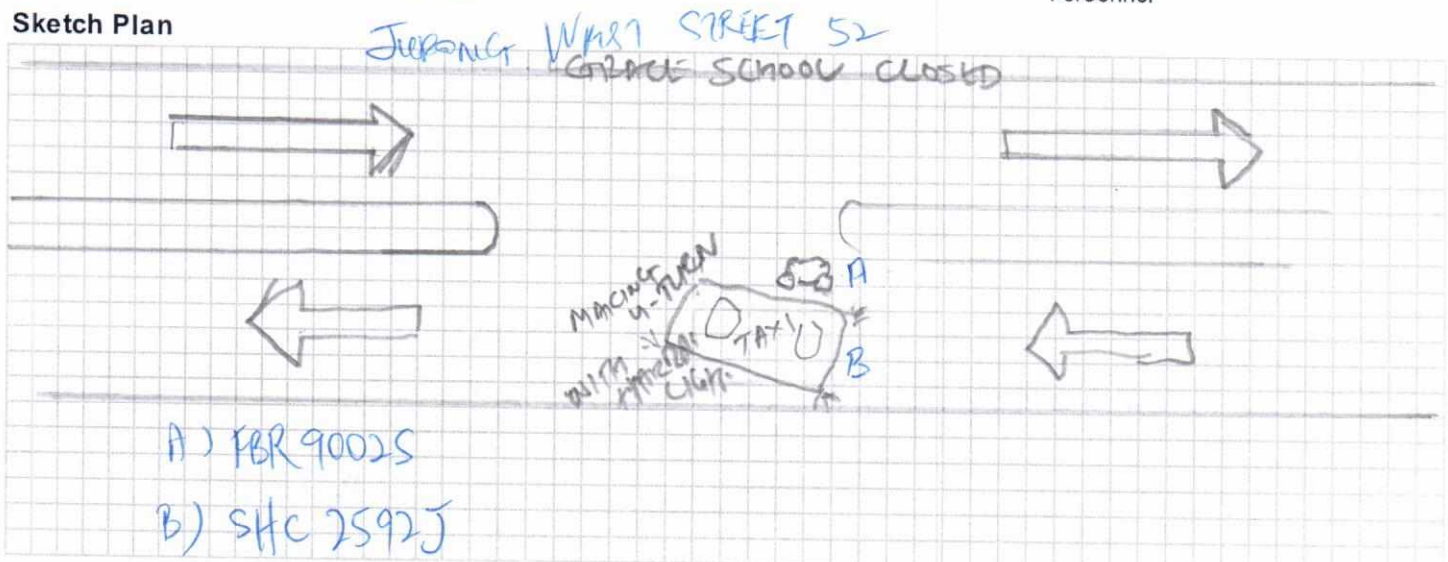
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REPORT TO POLICE REPORT 7/20210313/2030

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

SOUTHERN ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 03 / 2024) (DD/MM/YYYY), TIME: (18 : 15) (HH:MM)

LOCATION: JURONG WEST STREET 52

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 9002 S
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5119952452
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA / CBF125 NA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: COMING BACK FROM WORK
 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: ABDUL RAHAK B. RAHAMAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57035125/J CONTACT: 96441012
 c) ADDRESS: B1K 518, JURONG WEST ST 52, 06-127
 SINGAPORE 640518

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57035125/J CONTACT: 96441012
 c) ADDRESS: B1K 518, JURONG WEST ST 52, 06-127
 SINGAPORE 640518

* d) DATE OF BIRTH: (12 / 10 / 1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 28/3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) AFTER RAIN
 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: JURONG WEST N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBR 9002 S MODEL: HONDA / CBF125 NA
 b) DRIVER'S NAME: ABDUL RAHAK B. RAHAMAT
 c) NRIC/FIN/PASSPORT: 57035125/J CONTACT: 96441012

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHC 2592J MODEL: CAR
 e) DRIVER'S NAME: QUAH CHIN SEN
 f) NRIC/FIN/PASSPORT: 56926570 G CONTACT: 97667565

Email: JACKS69012 @ GMAIL . com

VIDEO



SINGAPORE POLICE FORCE



T/20210313/2030

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210313/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2021 10:21	Vide Report No.:	Station Diary No.: 58
Informant's Particulars		
Name of Informant: ABDUL RAZAK BIN RAHAMAT	Address: APT BLK 518 JURONG WEST STREET 52 #06-127 SINGAPORE 640518	
ID Type / ID No.: NRIC NO / S7035125J	Contact No.: Home/Office:	Mobile: 96441012
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 50	Date of Birth: 12/10/1970
Type of Informant: Rider		
Race: Malay	Language:	Institution / School Name:
Occupation: TUG MASTER	Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2021 18:15	Type of Location: Straight Road
Location: JURONG WEST STREET 52				
Weather: Cloudy	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
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
FBR9002S	Motorcycle	HONDA	CBF125NA	Black	Slightly Damaged	0
SHC2592J	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR9002S	NTUC Income Insurance Co-Operative Limited	5119952452	19/11/2020	18/11/2021



SINGAPORE POLICE FORCE



T/20210313/2030

2 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210313/2030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RAZAK BIN RAHAMAT	ID No.	S7035125J
Related Vehicle	FBR9002S (Motorcycle)	Contact No.	96441012
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Quah Chin Sen	ID No.	S6926570G
Related Vehicle	SHC2592J (Car)	Contact No.	97667565
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 12 March 2021 at about 1815hrs, I was travelling along Jurong West Street 52 towards Jurong Spring CC. There is a taxi bearing SHC 2592 J in front of me. I see that the taxi is on hazard light and still moving forwards. When I saw the taxi swerve towards left, I thought he was going to drop his passenger at the road side. Thus, I overtake by riding on the right side of the taxi. The hazard light still on. To my surprise, the taxi driver namely, Quah Chini Sen, make an illegal U-Turn outside the Grace Orchard School.

My front bike collided to the right side of the taxi door and the right mirror was also damaged. And landed on the right side of the lane. Thereafter, I fall onto the road and sustain some abrasion and scratch on my left hand and middle finger. My bike handle went out of alignment.

Subsequently, I call for the Police. Soon after, the police and ambulance arrived. The paramedic attended to me, but I don't want to be conveyed to hospital. The traffic police advised me to make police report of I got MC from the doctor. I will be seeing doctor after I make this police report.

I am lodging to this report for my insurance claim purpose.



**SINGAPORE
POLICE FORCE**



T/20210313/2030

3 of 4

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20210313/2030

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210313/2030

4 of 4

Report No. T/20210313/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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:

J /

Sgt 3 LOH JIAN HONG, DAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

SN 126

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

13/03/2021 10:21

Classification Of Case:

Claim Handling

Accident MT/1124383

Policy No.	5119952452	Vehicle No.	FBR9002S	GST Registration No.
Certificate No.				
Policyholder Name	ABDUL RAZAK BIN RAHAMAT			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96441012	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(%)	0	Private Hire

▼ Accident Details

Report Date	15/03/2021 15:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/03/2021	Time of Accident hh:mm	18:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG WEST STREET 52			

▼ 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			
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 518 #06-127	Address 2	JURONG WEST STREET 52	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5119952452	

▼ OI Driver Info

Driver Name	ABDUL RAZAK BIN RAHAMAT	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S70351253	Driver DOB
Register Date of Driver License	16/01/1995	Driver Age	50	Driving Experience
Contact No.(Mobile)	96441012	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 518 #06-127	Address 2	JURONG WEST STREET 52	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBR9002S	Driver Insurer Company

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 *	OD-MX	Insured Name	ABDUL RAZAK BIN RAHAMAT	Insured NRIC
Contact No.(Mobile)	90185332	Contact No.(Home)	NIL	Contact No.(Office)
Email Address		OI Vehicle Number	FBR9002S	TP Vehicle Number
Claim Description	FBR9002S / SHC2592J ON 12 Mar 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
Date Registered	15/03/2021 15:23	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

☒ Print AK letter

Save Submit

Attachment

3/15/2021

Claim Handling(accident reporting Claim Task)

Accident No.

MT/1124383

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

15/03/2021 15:25

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category *

Confidential

Urgen

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 S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:25	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:25	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:25	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:25	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:25	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:25	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:25	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:25	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:24	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:24	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:24	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:24	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:24	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:24	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:24	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:24	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:24	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:24	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:23	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:23	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 15:23	Photos	Normal	Photos 2021-3-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 15:23

Photos

Normal

Photos 2021-3-15

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 15:23

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2021-

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 15:23

SAS

Normal

SAS 2021-3-15

Video List

Uploaded By/Date

Folder Date

File Name



Sou

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.	<input type="text"/>	Date of Accident	<input type="text" value="12/03/2021 14:43"/>
Vehicle No.(For Motor)	<input type="text" value="FBR9002S"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5119952452		ABDUL RAZAK BIN RAHAMAT	S7035125J	GMC	Third Party, Fire & Theft	FBR9002S	FBR9002S	19/11/2020	18/11/2021