

# NATIONAL Assessment Center Services, Inc. (NACSI)

20251510005

Date In: 29/03/2021 11:53  
 Ref No: NACSI/20200399274  
 Veh No: 445 10911  
 DOA: 26/03/2021 19:48  
 (1) TP Reporting Only

TP Insurer:  
 Preferred Wksp / INC Assign Wksp / OW: ( )  
 TP Insurer's: ( ) Veh Not ( )  
 Owner / Driver: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( )  
 Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79%; R: 80-100%]  
 Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
 Loss (\$ ) : Loading: \$1,000 ( ) / \$2,000 ( )  
 ( ) Walled-in Customer's Information strictly Confidential & Subject NO Refor of repair.  
 ( ) Total Loss Case : to e-mail Insurer DIRECTLY.  
 Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Cost ( )  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Recovery Photo [Repair Cost > \$9000]

Injury: ( )  
 Date: ( )  
 Time: ( )  
 Location: ( )  
 Weather: ( )  
 Road Condition: ( )  
 Vehicle Condition: ( )  
 Driver Condition: ( )  
 Passenger Condition: ( )  
 Other: ( )

Job description: ( )  
 SAS calling: ( )  
 E-mail (for job start, A/C start): ( )  
 I-Motor Claim Form: ( )  
 I-Motor W/O (Within 60 days, TP 4hrs): ( )  
 I-Photo Uploaded: ( )  
 Assessment/Survey Report: ( )  
 Ass'n Report by Fax / Hand to Owner/Victim: ( )  
 Fax: ( )  
 Tel: ( )  
 Tel: ( )

Done by: ( )  
 Date & Time Completed: ( )  
 Date: ( )  
 Time: ( )

Driver/Owner: ( )  
 Contact No: ( )  
 Damaged Portion: ( )  
 QC Checked by (Engine-In-Charge): ( )

1) All Accident Report Fee (300)  
 2) All Damage Assessment Fee (100)  
 3) TP Towing Fee (100)  
 4) PT Follow-up Survey (Survey Fee)  
 5) PT Follow-up Survey (Survey Fee)  
 6) TP Repair Fee (160)  
 7) NACSI & EMRY Survey (30)  
 8) NACSI Additional Services (30)  
 9) NACSI Car / TP Allowance (30)  
 10) NACSI Repair Coordination (30)  
 11) NACSI Post Repair Inspection (30)  
 12) NACSI / Customer's Coordination (30)  
 13) TP (NACSI) TP (NACSI) (100)  
 14) NACSI Mobile (30)  
 15) NACSI (30)  
 16) NACSI (30)  
 17) NACSI (30)  
 18) NACSI (30)  
 19) NACSI (30)  
 20) NACSI (30)

QC Checked by (Engine-In-Charge): ( )  
 Date: ( )  
 Time: ( )  
 Location: ( )  
 Weather: ( )  
 Road Condition: ( )  
 Vehicle Condition: ( )  
 Driver Condition: ( )  
 Passenger Condition: ( )  
 Other: ( )

Done by: ( )  
 Date & Time Completed: ( )  
 Date: ( )  
 Time: ( )



## 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	29/03/2021 11:53 (SGT)
Date of Accident	26/03/2021 19:45 (SGT)
Exact Location of Accident	Jln Merah Saga, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1691T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALORIDE PTE. LTD.
Company Reg No	2XXXXX994W
Email Address	chongnjmchong@gmail.com
Mobile Phone No	(Phone) +65-86069501
Alternative Phone No	+65-86069501

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
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
Transmission	Manual
CC	135

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5113531735-01
Cover Note Number	-

### DRIVER

Name of Driver	NICOLAUS CHONG WEI ERN
NRIC No	TXXXX941Z

Date Of Birth	14/03/2001
Occupation	Outdoor
Date Of Driving Pass	16/03/2021
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-86069501
Alt. Phone Number	-
Email Address	chongnjmchong@gmail.com
Address	BLK 646 JALAN TENAGA #07-117
Address complement	-
Postcode	410646
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head on 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)	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	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210327/2054

#### 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	SHB4628H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	PEK YEW CHEE
Contact Number	(Phone) +65-97343381
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	NICOLAUS CHONG WEI ERN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBF1691T
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.



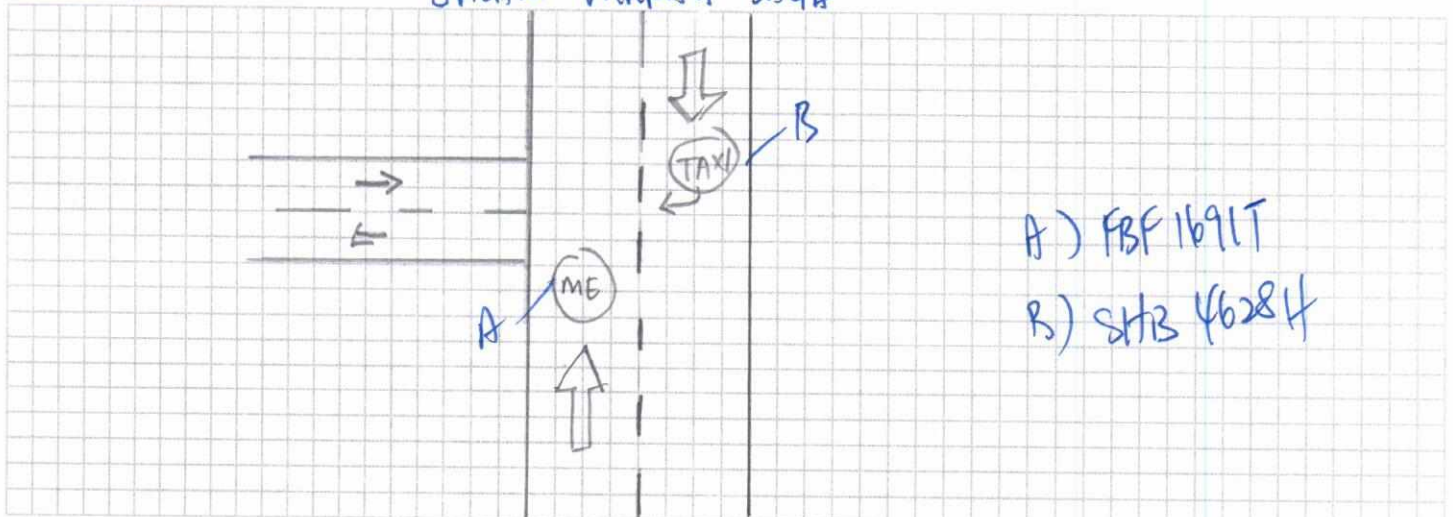
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

JALAN MAKRAH SAGA



**Describe Circumstances of the Accident**

REFER TO POLICE REPORT 7/20210327/2054

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

29/3 11:11

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

*[Signature]* 29/03/2021  
Witnessed by Reporting Centre Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 03 / 2021) (DD/MM/YYYY), TIME: (19 : 45) (HH:MM)

LOCATION: Jalan Merah Saga

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF1691T  
b) INSURANCE COMPANY: Income  
c) POLICY NUMBER: 5113531735  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: B Yamaha FZ-16  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work / 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: Hubert (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: NICOLAUS CHONG WEI ERN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: T01109412 CONTACT: 86069501  
c) ADDRESS: 646 JALAN TENAGA #07-117 (5410646)

\*d) DATE OF BIRTH: (14 / 03 / 2001) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/03/21

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)

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: Eunos NPP

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB4628H MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email: chongnjuchong@gmail.com

VIDEO



# SINGAPORE POLICE FORCE



T/20210327/2054

1 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20210327/2054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
27/03/2021 12:44

Vide Report No.:

Station Diary No.:  
9

**Informant's Particulars**

Name of Informant: NICOLAUS CHONG WEI ERN			Address: APT BLK 646 JALAN TENAGA #07-117 SINGAPORE 410646		
ID Type / ID No.: NRIC NO / T0110941Z			Contact No.: Home/Office: Mobile: 86069501		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 14/03/2001	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2021 19:45	Type of Location: Straight Road
Location: JALAN MERAH SAGA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1691T	Motorcycle				Seriously Damaged	0
SHB4628H	Car			Yellow		0

**Details of Person Involved**

Any Pedestrian Involved: No  
No. of Pedestrians Injured: NIL  
Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210327/2054

2 of 3

Report No. T/20210327/2054

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**CONTINUATION OF REPORT**

<b>Rider</b>				
Name	NICOLAUS CHONG WEI ERN		ID No.	T0110941Z
Related Vehicle	FBF1691T (Motorcycle)		Contact No.	86069501
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/03/2021		Date Discharge	26/03/2021
No. of Days granted Medical Leave	03		Degree of Injury	Slight
<b>Driver</b>				
Name	PEK YEW CHEE		ID No.	NIL
Related Vehicle	SHB4628H (Car)		Contact No.	97343381
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 26/03/2021 at about 1945hrs, I was riding along Jalan Merah Saga and subsequently one taxi bearing vehicle plate number SHB4628H who was on the opposite side of the road suddenly turned right to head towards Jalan Kelabu Asap but he hit my motorcycle head on instead when I was travelling straight. I tried to brake but did not managed to stop on time and end up he hit me head on which caused me to fall off from my motorcycle. No ambulance or police came to scene. I went to Parkway East Hospital to seek treatment to my injuries as I felt pain on my right leg and was then given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20210327/2054

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

3 of 3

Report No. T/20210327/2054

**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:

G /

Sgt 3 ANWAR MUSHADAD BIN ABDUL  
RAHMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/03/2021 12:44

Classification Of Case:



## Claim Handling

Accident MT/1126031

Policy No.	5113531735-01	Vehicle No.	FBF1691T	GST Registration No.
Certificate No.	5113531735-01-000114			
Policyholder Name	ALORIDE PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	86069501	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	29/03/2021 12:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/03/2021	Time of Accident hh:mm	19:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN MERAH SAGA			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	1,500.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00	

## ▼ Benefits

▼ GST Registered Information			
GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-08	Related Policy Number	5113531735-01	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NICOLAUS CHONG WEI ERN	Driver NRIC	T0110941Z	Driving Experience
Register Date of Driver License	16/03/2021	Driver Age	20	Contact No.(Home)
Contact No.(Mobile)	86069501	Contact No.(Office)		Address 3
Address 1	BLK 646 #07-117	Address 2	JALAN TENAGA	Post Code
Address 4	SINGAPORE 410646	Address Type	Foreign address	
Unit No.	07-117	Driver Vehicle No.	FBF1691T	Driver Insurer Company
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No			

## 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	ALORIDE PTE. LTD.	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	FBF1691T	TP Vehicle Number
Claim Description	FBF1691T / SHB4628H ON 26 Mar 2021			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	29/03/2021 12:16	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

## Attachment

Claim Handling(accident reporting Claim Task 001 OD-MX)

001

29/03/2021 12:18

[illegible]

Message Read

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:18	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:18	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:18	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:18	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:17	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:17	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:17	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:17	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:17	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:16	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:16	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:16	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:16	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:16	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:16	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:16	SAS		Normal	SAS 2021-3-29

▼ Video List

Uploaded By/Date	Folder Date	File Name	Sou
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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

26/03/2021 11:17

Vehicle No.(For Motor)

FBF1691T

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"/>	5113531735-01	5113531735-01-000114	ALORIDE PTE. LTD.	201629994W	GFM	Third Party	FBF1691T	FBF1691T	23/02/2021	01/11/2021