

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 06/12/17	Job description	Date & Time Completed	Done by
Ref No: NM/INC 17023121/13	SAS e-filing		
Veh No: FBL5834R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/11/17 0815	i-Motor Claim Form	MS/6972595	
<input checked="" type="radio"/> OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SK100ED	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%; F: 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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

NA1707507	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		Est. Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 ability.
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 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 Report	06/12/2017 11:16
Date Of Accident	24/11/2017 08:15
Exact Location Of Accident	BBDC BUMPY COURSE AREA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5834R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167

### Vehicle Particulars

Manufacturer	HONDA
Model	NC750LH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	YES

If No, Please state action to be taken

Vehicle Category	MOTORCYCLE
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### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-13
Cover Note Number	

### Driver

Name of Driver	RIZAM BIN JASRI
NRIC No	S8911199D
Date Of Birth	31/03/1989
Occupation	INDOOR
Date Of Driving Pass	24/01/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 751 JURONG WEST ST 73 #06-187
Postcode	640751
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

BUKIT BATOK DRIVING CENTRE  
815 BUKIT BATOK WEST AVENUE 8  
SINGAPORE 659065  
TEL: 6561 1233 FAX: 6563 0777

Policyholder's Signature  
Date & Time

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

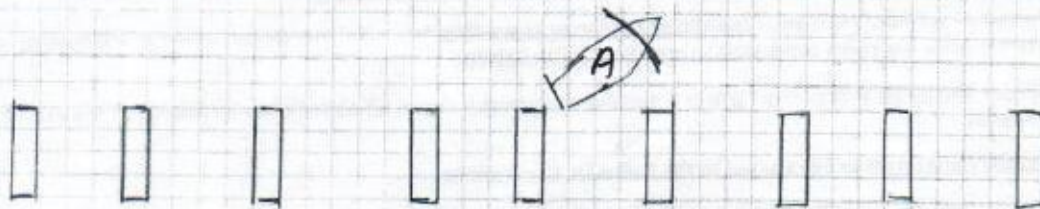
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

BDDC BUMPY COURSE AREA

A - FBL5834R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/17 @ 08:15hrs, the customer was doing class 2 Test warmup. While attempting the bumpy course, customer lost control and oversteered and hit the kerb on the left. This caused the crash bar to bend and dent the radiator.

DECLARATION DRIVING CENTRE  
We declare that the particulars are true in every respect.  
SINGAPORE 656035  
TEL: 6581 1223 FAX: 6581 0777

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident

24/11/17

Time

0815

Location of Accident

Bumpy curv area.

00

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBL 5834R

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel:

Hp:

Occupation

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Honda NC75DLH

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: \_\_\_\_\_

Exact Purpose for which vehicle was being used at the time of accident.

Training

Are you claiming under your own insurance policy?

☐ Yes

☐ No

Remarks:

Vehicle category

☐ Private

☐ Commercial

☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

☐ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☐ No

Policy Number

### DRIVER

Name of Driver

Rizam Bin Jari

NRIC/ FIN/ Passport

S8911159D

Date of Birth

31 March 1989

Occupation

Driving Pass Date

Gender

☒ Male

☐ Female

Contact Number

Tel:

Hp:

Address

Blk 751 Jung West S773 406-187 S640751

Email Address

Was driver an employee of the Insured's Company?

☐ Yes

☒ No

If No, relationship of Driver with the Insured.

Trainee

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Self fall

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

Damage Area

Radiator Dented, fuel tank cover dented.

Approximate Speed

5-10 km/h

### OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No

☐ Yes

Was any other vehicle(s) or property damaged?

☒ No

☐ Yes

Was there any camera video footage (in car)?

☒ No

☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

☐ No

☐ Yes

If Yes, against whom?



OWN VEHICLE REGISTRATION NUMBER

FBL 5834R

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**

**Other Vehicle or Property 1 (VEHICLE B)**

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

**Other Vehicle or Property 2**

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

**DETAILS OF WITNESS**

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

**DETAILS OF INJURED PERSON 1**

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to hospital by ambulance?

☐

Yes

☐

No

**DETAILS OF INJURED PERSON 2**

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to Hospital by Ambulance?

☐

Yes

☐

No

**DECLARATION BY DRIVING CENTRE**

We declare that the above particulars & information provided above are true in every aspect.

SINGAPORE 6590 73

TEL: 6561 1233 FAX: 6561 3777

Signature of Policy Holder

(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time

(If Driver is not the Policy Holder)

Date & Time

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S8911199D**

Name: **RIZAM BIN JASRI**

Birth Date: **31 Mar 1989**

Issue Date: **18 Jun 2014**

002316289C

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8911199D**

Name: **RIZAM BIN JASRI**

Race: **CHINESE**

Date of birth: **31-03-1989**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S8911199D

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 2B Motorcycles <= 200 cc

Class 2A Motorcycles between 201 cc and 400 cc

EFFECTIVE DATE

21 Jan 2009

24 Jan 2013

NP 438A

License No: S8911199D

5813363

NPIC No: S8911199D

Date of issue: 26-09-2017

Address

APT BLK 751 JURONG WEST STREET 73

#06-187

SINGAPORE 640751



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 0073451220-13

**Cover** : Comprehensive

- |   |                                  |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : FBL5834R                       |
| Chassis Number  | : RC671100015                    |
| 2. Name of Policyholder   | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance  | : 01 Jan 2017                    |
| 4. Expiry Date of Insurance   | : 31 Dec 2017                    |
| 5. Persons or Classes of Persons entitled to drive#   |                                  |
| (a) The Policyholder.   |                                  |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                                  |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                  |
| 6. Limitations as to Use#   |                                  |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                                  |
- This Policy does not cover
- |  |
|--|
| (a) Use for hire or reward.  |
| (b) Use for racing, pace-making, reliability trial or speed-testing.                             |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business. |
| (d) Use for any purpose in connection with the Motor Trade.                                      |

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

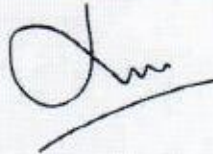
Agency : BUKIT BATOK DRIVING CENTRE (00000662435)  
Date of Issue : 14 Dec 2016 11:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



The owner and vehicle particulars for Vehicle No. FBL5834R as at 23 Dec 2016 are as follows:

1. Name	: BUKIT BATOK DRIVING CENTRE LTD
2. Identification No. Type	: Company
3. Identification No.	: 198801155R
4. Place Of Passport Issue	: -
5. Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6. Mailing Address	: -
7. Vehicle No.	: FBL5834R
8. Effective Date of Ownership	: 23 Dec 2016
9. Original Registration Date	: 23 Dec 2016
10. First Registration Date	: 23 Dec 2016
11. Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12. Vehicle Scheme	: Normal
13. Attachment 1	: No Attachment
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: HONDA
17. Vehicle Model	: NC750L
18. Year of Manufacture	: 2016
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No.	: RC671100015 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: RC67E1100013 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 745 / -
26. Maximum Power Output(kW/bhp)	: - / -
27. Unladen Weight(kg)	: 217
28. Maximum Laden Weight(kg)	: 367
29. Open Market Value	: \$8,545.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00
33. IU Label No.	: -
34. COE No.	: 2016080106000623C
35. COE Expiry Date	: 22 Dec 2026
36. COE Category	: D - Motorcycle
37. Quota Premium/Prevailing Quota Premium	: \$6,302.00
38. Actual Quota Premium/PQP Paid	: \$6,302.00
39. Actual ARF Paid	: \$1,282.00
40. CO2 Emission(g/km)	: -
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: -
45. Road Tax Amount	: \$192.00
46. Road Tax Start Date	: 23 Dec 2016
47. Road Tax End Date	: 22 Dec 2017
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.



## Claim Handling

Accident MT/0972595

Policy No.	0073451220-13	Vehicle No.	FBL5834R	GST Registration No.	
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
MCD Protection	No	NCD Entitlement(%)	0		
<b>Accident Details</b>					
Report Date	06/12/2017 14:53	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	24/11/2017	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC BUMPY COURSE AREA				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M200805321	GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5072565215-02		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	RIZAM BIN JASRI	Driver NRIC	S8911199D	Driving Experience	
Register Date of Driver License	24/01/2013	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	
Address 1	BLK 751	Address 2	JURONG WEST STREET 73	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#06-187				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		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 OD-MD **New**

Claim Type *	OD-MD	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBL5834R	TP Vehicle Number	
Claim Description	FBL5834R / SKIDDED ON 24 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	
Date Registered	06/12/2017 14:58	Claim Close Date		Date Received	
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0972595	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/12/2017 00:00
Path *	Category *		
	Confidential Urgency		
	NO Normal		

Browse Clear Please Select



<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 14:58	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 14:58	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 14:58	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 14:58	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 14:58	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 14:58	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 14:58	Photos	Normal	Photo

**Video List**

Uploaded By/Date	Folder Date	File Name	Source
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## LKK Paya Ubi

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**From:** LKK Paya Ubi <[rspu@lkkauto.com](mailto:rspu@lkkauto.com)>  
**Sent:** Wednesday, 6 December, 2017 3:03 PM  
**To:** 'Theresa Vimala'  
**Subject:** FBL5834R MT/0972595  
**Attachments:** a.jpg; b.jpg; c.jpg; d.jpg; e.jpg; FBL5834R\_24112017.PDF

Hi

Attach is the GIA report of the above-mentioned vehicle for OD claim. Vehicle is from BBDC company and the vehicle is not in Idac. Please check with the person-incharge Mr Victor Seah from Kim Keat Motor Co  
Contact No:64835764

Best Regards,

**Roslinda** | Admin

**National Assessment Centre Services (LKK Group)**

Phone: 6841-0055 | email: [rspu@lkkauto.com](mailto:rspu@lkkauto.com) | fax: 6841-6315

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