

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 04/01/18	Job description	Date & Time Completed	Done by
Ref No: NM/INC18000204/13	SAS e-filing		
Veh No: PBK8021B 2	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 21/12/17 2040	i-Motor Claim Form	MT/0976314	
<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: (KM ICEAT (BBDL) Tel: Fax:)
TP Particulars: Veh No: PBK7883R 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

NA1800076

Invoice Preparation Checklist

Amt (\$)	Amt (\$)
1st Bill	Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 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

Invoice dated

Fee Charged

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	04/01/2018 09:42
Date Of Accident	21/12/2017 20:40
Exact Location Of Accident	BBDC MAIN CIRCUIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8031B
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515

Vehicle Particulars

Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TRAINEE
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

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	MUHAMMAD ZUHAIRI BIN AB RAZAK
NRIC No	S9925686I
Date Of Birth	06/08/1999
Occupation	INDOOR
Date Of Driving Pass	21/12/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 613 CHOA CHU KANG ST 62 #11-219
Postcode	680613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK7883R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NAZRYNN BINTE ABDUL RAHIM
NRIC/Passport Number	S9422975H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

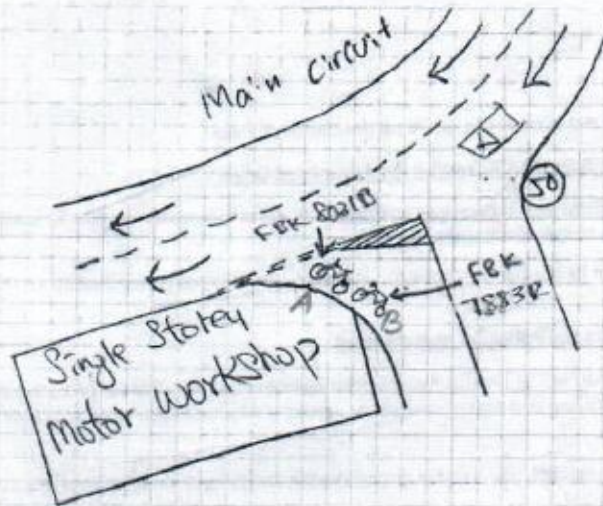
BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

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



A - FBK 8031B
B - FBK 7883R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was about to turn into the main circuit I did not realize there is an oncoming car. I quickly did a hard braking and stop before the give way line. Then follow by motorcycle plate number FBK 7883R hit on my rear of my motorcycle.

DECLARATION

LUKIT BATOK DRIVING CENTRE LTD
815 LUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 9777

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.:

[Signature] 04/10/18

02
1

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

21/12/2012

2040

Bukit Batok Driving Centre

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	FBK 8031B
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: 65943515 Hp:
Occupation	

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	Honda GLR 125 L
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, <input checked="" type="radio"/> Motorcycle Others:
Exact Purpose for which vehicle was being used at the time of accident.	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	NTUC
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	00734151220

DRIVER

Name of Driver	S9925686I Muhammad Zuhairi Bin AB RAZAK
NRIC/ FIN/ Passport	S9925686I
Date of Birth	06/08/1999
Occupation	
Driving Pass Date	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp:
Address	Blk 613 Choa Chu Kang street 62 # 11-219 (680613)
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, relationship of Driver with the Insured.	
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)	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Weather Conditions	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:
Road Surface	
Damage Area	
Approximate Speed	

OTHER INFORMATION

Was there any foreign vehicle(s) involved?	<input type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No <input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input type="radio"/> Yes
Was there any camera video footage (in car)?	<input type="radio"/> No <input type="radio"/> Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No	
Was notice of intended Prosecution given?	<input type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number	FBK 7883R
Vehicle Make/ Model/ Colour	Honda GLR 125 L
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	Nozrynn Binte Abdul Rahim
NRIC/ FIN/ Passport	S9422975H
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?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

BUKIT BATOK DRIVING CENTRE LTD

Declaration
I/We declare that the above information provided above are true in every aspect.

SINGAPORE 659085

TEL: 6561 1133 FAX: 6569 0777

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

IDENTITY CARD NO. S9925686I



Name

MUHAMMAD ZUHAIRI BIN AB
RAZAK

Race

MALAY

Date of birth

06-08-1999

Sex

M

S9925686I

Country/Place of birth

SINGAPORE

S293481



NRIC No. S9925686I



Date of issue

10-04-2014

Address

APT BLK 613 CHOA CHU KANG STREET 62
#11-219
SINGAPORE 680613

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 | : FBK80318 |
| Chassis Number | : JC641000309 |
| 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)

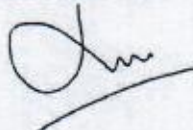
Agency : BUKIT BATOK DRIVING CENTRE (00000662435)
Date of Issue : 14 Dec 2016 11:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Transaction ref 20160201095514922003

The owner and vehicle particulars for Vehicle No. FBK8031B as at 01 Feb 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.	: FBK8031B
8. Effective Date of Ownership	: 01 Feb 2016
9. Original Registration Date	: 01 Feb 2016
10. First Registration Date	: 01 Feb 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	: GLR125LWH
18. Year of Manufacture	: 2015
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No.	: JC641000309 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: JC64E1000315 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 124 / -
26. Maximum Power Output(kW/bhp)	: - / -
27. Unladen Weight(kg)	: 131
28. Maximum Laden Weight(kg)	: 289
29. Open Market Value	: \$3,464.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00
33. IU Label No.	: -
34. COE No.	: 2016020106000248G
35. COE Expiry Date	: 31 Jan 2026
36. COE Category	: D - Motorcycle
37. Quota Premium/Prevailing Quota Premium	: \$6,889.00
38. Actual Quota Premium/PQP Paid	: \$6,889.00
39. Actual ARF Paid	: \$520.00
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	: \$45.00
46. Road Tax Start Date	: 01 Feb 2016
47. Road Tax End Date	: 31 Jan 2017
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/0976314

Policy No.	0073451220-13	Vehicle No.	FBK8031B	GST Registration No.	M20
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	1981
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	65943515	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	<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	04/01/2018 10:15	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	21/12/2017	Time of Accident hh:mm	20:40	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC MAIN CIRCUIT				

▼ Benefits

▼ Excess

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			

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	6591
Unit No.		Related Policy Number	5082205146-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/01/1981
Unnamed driver Name	MUHAMMAD ZUHAIRI BIN AB RAHMAN	Driver NRIC	S9925686I	Driving Experience	0
Register Date of Driver License	21/12/2017	Driver Age	18	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 613	Address 2	CHOA CHU KANG STREET 62	Post Code	6801
Address 4		Address Type	Singapore address		
Unit No.	#11-219			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	1981
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	6591
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBK8031B	TP Vehicle Number	FBK
Claim Description	FBK8031B / FBK7883 ON 21 Dec 2017			Name of Preferred Workshop	KIM
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Pen
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	04/01
Date Registered	04/01/2018 10:22	Claim Close Date		Total Loss but Repaired	
Report Taken By		Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
			Save	Submit	

Attachment

1/4/2018

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

Accident No.

MT/0976314

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

04/01/2018 00:00

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	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 10:22	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 10:21	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 10:21	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 10:21	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 10:21	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 10:21	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 10:21	Photos	Normal	Photos 20

Video List

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