NATIONAL Assessment Con	tre Services - :	r v da restje		1	
Date In 09/03/18	Job description		Date &Time Completed	Done l),
Ref No Ma/INC18004532/13	SAS e-filing				
Veh No FBK 7956P	E-mail (within Shrs	s, AlC Chrs)			
DOA 14/02/18 2135	i-Motor Claim	Form	mT/0985359		
	i-Motor W/O (W	/ithin: OD 2hr	s, TP 4hrs)		
OD TP Reporting Only	i-Photo Upload	ed			
	Assessment/Surve	ey Report			
TP Insurer:	Ass't Report by F	ax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (KIM KEAT (BBOC)	Tel: Fax:)
TP Particulars: Veh No:	4	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (WC): N: 0-2	0%; P: 21-79%. F: 80-1009	/ ₀]	
Year of Registrats ♣ ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 () / \$2,000 ()			
General Remarks:-			MARKET ALT X 1 No. 1		
Remarks:- (INC horline: 6788 6616 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	/ Courtesy Car ()		Date&Time Comple*ed		
NA(80(53)		100000000000000000000000000000000000000	eparation Checklist	Ant (\$)	Amt (\$)
Claimant's Particulars :-	2	The second secon	e Assessment (\$100); INC (\$80)		
Driver/Owner:	4) TF : Towing	Through Survey \$12	0	
Contact No:	_5) FT : Follow-	Through Survey (Resurvey) \$3 against INC Only (wef 10 Jan 2005)	0	
Damaged Portion:) TR : Re-iusp	ection 57		
Sanagou i Ornon.			A + SMRT Survey \$16 tional Services		
QC Checked by (Engr-In-Charge):		OD* *N5: Courte		55	
Auditors' Comments :-		* N7: Post R	spair Inspection S	25	
Cat. 1:		<u>TP</u> (N11):	IP (Non INC) against INC S	20	
Cat. 2 / 3;	Company and the Company of the Compa	9) N12: Idac N Invoice dated	lobile Fee Charged	Contract of	HEAD /
ear 61 3.		Invoice dated	Fee Charged	" Allia	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number Contact Number

EMail Address

Gender

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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

STATE OF THE PERSON OF THE PER	ACCIDENT STATEMENT
Date Of Report	09/03/2018 10:43
Date Of Accident	14/02/2018 21:35
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK7956P
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	LEARNER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-14
Cover Note Number	
Driver	
Name of Driver	MOHAMAD MIN SULAIMAN BIN MOHAMED ESA
NRIC No	S9409978A
Date Of Birth	23/03/1994
Occupation	INDOOR

14/02/2018

MALE

NOEMAIL

0 YEAR AND 0 MONTH

Address BLK 667A JURONG WEST ST 65

#04-109

Postcode 641667

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured O

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 NO COLLISION

Weather Conditions CLEAR Road Surface WET

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

n?

If Yes, against whom?

Circumstances of Accident

WHEN I WAS DOING MY SUBJECT 8.01.AS I DOING MY E-BRAKE, I DID A HARD BRAKING AND RESULTED I FELL DOWN FROM RIGHT AND INJURED MY RIGHT MIDDLE FINGER.

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 INJURED PERSON 1

Name MOHAMAD MIN SULAIMAN BIN MOHAMED ESA

Approximate Age

Injuries Sustain

RIGHT MIDDLE FINGER

Injured person in which vehicle?

FBK7956P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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:

- 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 passessed by my insurar (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)
 - (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")
- 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
- 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.
- my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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. UT BATOK DRIVING CENTRE LTD

S BUKIT BATOK WEST AVENUE 5 SINGAPORE 659089 9 0777 TEL: 6561 1233 FAX:

Policyhulder's Signatur Date & fime:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

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	Wet Sur	Na	26		
CRIBE CIRCUMSTANCES OF 1	THE ACCIDENT				
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ingur.					
					1 7/15
		- 10-218-0			
					ations and a

SINGAPORE 619085 TEL: 6581 1233 P 6589 0777

Policyholder's Signature Date & Time

Oriver's Signature

(If driver is not the policyholder) Date & Time:

1.11

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

-	
	O Owner
	-
	O Driver
	The same of the sa

ACCIDENT STATEMENT

Date of Accident 14|2|18

Time

2135

Bukil Barbu Pruh Cerh

Vehicle Registration Number Name of Policyholder	FBK 7956 P
NRIC/FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	
Occupation	Tel: 65943615 Hp:
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	A STATE OF THE STA
Type of Vehicle	Handa GLR 125L
Exact Purpose for which vehicle was being used	Saloon, MPV, CRV, Van, Lony, But Weyeld Others:
at the time of accident.	W. C.
Are you claiming under your own insurance policy?	Yes No Remarks:
Vehicle category	O Private O Commercial O Mos
INSURANCE COMPANY (VEHICLE A) Name of Insurance Company	公司采集的 的国际公司,但是国际的国际公司,
Type of Policy	Muc
Fleet Policy	Comprehensive O TP Fire & Theft O Third party
Policy Number	Yes O No
Posicy Number	00734151220
ORIVER COMMENTS TO STATE OF ST	
Name of Driver	MACA THAT AND THE STATE OF THE
NRIC/ FIN/ Pasaport	Mohamad Min Sulalman Bin Mohamad ESA
Date of Birth	23/03/1994
Occupation	25/05/1914
Driving Pass Date	
ender	O Majo O Famala
Contact Number	Catildia
ddress	Tel; Hp;
mail Address	Blk 6674 Jurang West street 65 # 04-109 641667
vas driver an employee of the insured's Company?	
No, relationship of Driver with the insured.	O Yes O No
able to the state of the state	
EDICIO NUMBOL OF DEVACE CHAR Vahiolo // applicable	
encie number of Driver's Own Vehicle (if applicable)	
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ENERAL INFORMATION OF THE ACCIDENT ype of Collision (E.g. Chain Collision/ Head-On, etc) /eather Conditions oad Surface amage Area pproximate Speed THER INFORMATION as there any foreign vehicle(s) Involved? se anybody injured in the accident? (Including Witness as any other vehicle(s) or property damaged?	Clear O Raining O Others: Wal O Dry Others: O No O Yes (1, 1) No O Yas O No O Yas O No O Yas

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Details of Properties (If Other Perty is not a V Demage Area	(ehicle)						-		-
Name of Driver		Same and				***			
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Address		1	-						
Name of Insurance Company					-	-			
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Vers Seat Belts Worn?		^		_					5.5
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THE THE PARTY OF T	31		Yes		No				
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REPUBLIC OF SINGAPORE

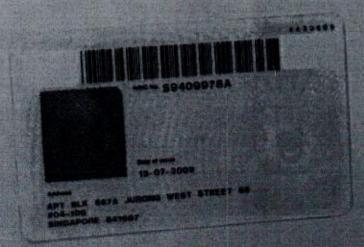




MOHAMAD MIN SULAIMAN BIN MOHAMED ESA

MALAY Date of Series 23-03-1994 Country of Series SINGAPORE







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)	STATE OF THE STATE

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 0073451220-14

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: FBK7956P

Chassis Number

: JC641000206

2. Name of Policyholder

BUKIT BATOK DRIVING CENTRE LTD

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 01 Jan 2018

: 31 Dec 2018

5. Persons or Classes of Persons entitled to driver

(a) The Policyhalder.

(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

: 02 Jan 2018 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Annex A

Transaction ref 20160201092612131433

The owner and vehicle particulars for Vehicle No. FBK7956P as at 01 Feb 2016 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2	THE PARTY OF THE P	: Company
3.	Identification No.	: 198801155R
4.		
5.	Registered Address	. 915 DIVING DATION NAMED AND A
	5	: 815 BUKIT BATOK WEST AVENUE 5
6.	Mailing Address	SINGAPORE 659085
7.	Vehicle No.	** <u>*</u>
8.	Effective Date of Ownership	: FBK7956P
9.	Original Registration Date	: 01 Feb 2016
10.	First Registration Date	: 01 Feb 2016
11.	Vehicle Type	: 01 Feb 2016
12.	Vehicle Scheme	: P00 - Passenger Motorcycle/Autocycle/Moped
13.		: Normal
14.		: No Attachment
15.		3 - V
16.	Vehicle Make	: HONDA
17.		
18.		: GLR125LWH
19.		: 2015 : White
20.	Secondary Colour	· winte
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: JC641000206 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	· IC64E1000226 /
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	1
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016020106000216D
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/POP Paid	: \$6,889.00
39.	Actual ARP Paid	: \$520.00
40.	CO2 Emission(g/km)	
41.	Actual CEVS Rebate Utilised	• • • • • • • • • • • • • • • • • • • •
42.	CEVS Surcharge Paid	• 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
43.	Actual Green Vehicle Rebate Utilised	•
44.	Vehicle Lifespan Expiry Date	: •
45.	Road Tax Amount	: \$45.00
16.	Road Tax Start Date	: 01 Feb 2016
17.	Road Tax End Date	: 31 Jan 2017
18.	Remarks	To renew the COE, the Prevailing Quota Premium
		payable is that of Category D.
		The state of the s

Claim Handling

ccident MT/0985359						
ofer No	0073451220-14	Vehicle No.	FBK7956P	GST Registration No.	M2008053	321
olicy No. olicyholder Name	BUKIT BATOK DRIVING CENTRE LTD	7. t=7/1=7/1=3/1=3/		Policyholder NRIC	19880115	SR
		Cover Type	Comprehensive	Loading	0	
roduct Code	FLEET INSURANCE		65943515	Contact No.(Home)	0	
ontact No. (Mobile)	0	Contact No.(Office)	03943313	eCode	No Y	
mail Address		Special Remark	* No Yes	eCode Reason		
FK	» No Yes	TCA		Private Hire	No	
CD Protection	No	NCD Entitlement(%)	0	Private nite		
Accident Details					Orbons	
eport Date	09/03/2018 11:16	Accident Report Within 24 hrs	Yes	Accident Type	Others	
ate of Accident	14/02/2018	Time of Accident hh: mm	21:35	Country of Accident	Singapore	6
eporting Centre		Orange Force		ICM No.		
ocident Location	BUKIT BATOK DRIVING CENTRE					
⇒ Benefits						
♥ Excess						
wn damage Excess	0.00	Additional Excess		Windscreen Excess		
nnamed Driver Excess	5250	Outside Singapore OD Excess				
hird Party Excess	0.00	Outside Singapore TP Excess				
		THE REST CONTRACTOR OF CONTRAC				
GST Registered Inform			GST Registration Date	01/04/1994		
ST Registered	Yes Manager 271		GST Status Verified	Yes		
5T Registration No.	M200805321					
odification History						
Policyholder Mailing A	Advance					
		Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPO	RE 659085
ddress 1	815 BUKIT BATOK WEST AVENU	Address Type	Singapore address	Post Code	659085	
ddress 4		Related Policy Number	5082205146-02			
init No.		Related Policy Norther	5002205140402			
♥ OI Driver Info	Washington & Associa	Driver Type	Unnamed Driver			
river Name	Unnamed Driver			Driver DOB	23/03/19	94
nnamed driver Name	MOHAMAD MIN SULAIMAN BIN I	Driver NRIC	S9409978A		0	0.1
egister Date of Driver Licen	se 14/02/2018	Driver Age	23	Driving Experience	0	
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)		
Address 1	BLK 567A	Address 2	JURONG WEST STREET 65	Address 3		RE 641667
Address 4		Address Type	Singapore address	Post Code	641667	
Unit No.	#04-109					
				Danies Seeines Company		
Does he own a Singapore	Yes = No	Driver Vehicle No.		Driver Insurer Company		
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.		Driver Insurer Company		
Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company		
Registered car? Reclaration Breathalyser or Blood Test	©		e Yes ∵ No	Driver Insurer Company		
Registered car? Declaration Breathalyser or Blood Test	Yes * No	Driver Vehicle No. Any Injury?	⊭ Yes ⊖ No	Driver Insurer Company		
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	©		⊭ Yes ∵ No	Driver Insurer Company		
Registered car? Declaration Breathalyser or Blood Test	©		≅ Yes ∷ No	Driver Insurer Company		
registered car? reathalyser or Blood Test teading?	0 mg		€ Yes No	Driver Insurer Company		
eclaration reathalyser or Blood Test leading? edification History	©		■ Yes No	Driver Insurer Company		
legistered car? eclaration freathalyser or Blood Test leading? lodification History	0 mg		• Yes No	Driver Insurer Company		
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eclaration reathalyser or Blood Test leading? colification History Claim 001 OD-MX Nontact No. (Mobile) imail Address	O mg OD-MX RACHELØBBOC SG	Any injury? Insured Name		Insured NRIC Contact No.(Office)	6594350	96
eclaration reachalyser or Blood Test eading? codification History Claim 001 OD-MX Claim Type * Contact No. (Mobile) imail Address Claim Description	0 mg OD-MX RACHEL®BBXC.SG FBK7956P ON 14 Feb 2018	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	BUKIT BATOK DRIVING CENTRE F8K7956P	Insured NRIC Contact No.(Office) TP Vehicle Number	6594350	96
eclaration treathalyser or Blood Test leading? Idedification History Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	0 mg OD-MX RACHEL®BBXC.SG FBK7956P ON 14 Feb 2018	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	BUKIT BATOK DRIVING CENTRE FBK7956P Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh	6594350 00 KIM KEA	т
Registered car? Seclaration Breathalyser or Blood Test Reading? Fodification History Claim 001 OD-MX Claim 101 OD-MX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	0 mg OD-MX RACHEL®BBXC.SG FBK7956P ON 14 Feb 2018	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability • Preferered Repair Option	BUKIT BATOK DRIVING CENTRE F8K7956P	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh V GIA report	6594350 op KIM KEA	7 d
Registered car? Declaration Breathalyser or Blood Test Reading? Hodification History	OD-MX RACHEL@BBDC SG PBK7956P ON 14 Feb 2018	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	BUKIT BATOK DRIVING CENTRE FBK7956P Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received	6594350 op KIM KEA	т
eclaration treathalyser or Blood Test teading? Iddification History Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact Vo. Adquire Finalisation Date Registered	OD-MX RACHEL@BBDC SG FBK7956P ON 14 Feb 2018 Yes	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability • Preferered Repair Option	BUKIT BATOK DRIVING CENTRE FBK7956P Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh V GIA report	6594350 op KIM KEA	7 d
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reclaration Breathalyser or Blood Test Reading? Claim 001 OD-MX Claim 001 OD-MX Claim 1001 OD-MX Claim 1001 OD-MX Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Report Taken By Print AK letter Attachment	O mg OD-MX RACHEL@BBIXC.SG FBK7956P ON 14 Feb 2018 Yes 09/03/2018 11:20 ROSLINDA	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	FBK7956P Fully at Fault Preferred Workshop (refer below)	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received	6594350 op KIM KEA	7 d
eclaration treathalyser or Blood Test teading? Claim 001 OD-MX Claim 001 OD-MX Claim 1001 OD-MX Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact Vo. Require Finalisation Report Taken By Print AK letter Attachment	O mg OD-MX RACHEL@BBDC.SG FBK7956P ON 14 Feb 2018 Yes 09/03/2018 11:20 ROSLINDA MT/0985359	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability • Preferered Repair Option Claim Close Date Workshop Repairer	BUKIT BATOK DRIVING CENTRE F8K7956P Fully at Fault Preferred Workshop (refer below) Save Submit	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received	6594350 op KIM KEA	7 d
eclaration treathalyser or Blood Test teading? Claim 001 OD-MX Claim 001 OD-MX Claim 1001 OD-MX Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact Vo. Require Finalisation Report Taken By Print AK letter Attachment	OD-MX ▼ RACHEL@BBDC.SG F8K7956P ON 14 Feb 2018 Yes ▼ 89/03/2018 11:20 ROSLINDA MT/0985359 ▼ Yes ○ No	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	FBK7956P Fully at Fault Preferred Workshop (refer below) Save Submit 001 09/03/2018 00:00	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received Total Loss but Repaired	6594350 KIM KEA Receive 09/03/26	T d d 00:00
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eclaration Breathalyser or Blood Test Reading? Claim 001 OD-MX Claim 001 OD-MX Claim Type * Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact Vo. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX RACHEL@BBDC SG F8K7956P ON 14 Feb 2018 Yes 99/03/2018 11:26 ROSLINDA MT/0985359 Yes No Path *	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability • Preferered Repair Option Claim Close Date Workshop Repairer	FBK79S6P Fully at Fault Preferred Workshop (refer below) Save Submit 001 09/03/2018 00:00 Category * Clear Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received Total Loss but Repaired Confidential V NO V Nor	Receive 09/03/2	T d d 00:00
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Claim Handling(accident reporting Claim Task 001 OD-MX)

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	COMMERCIAL PROPERTY.	No file chosen	Clear	Please Select
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tachment	33	/ploaded By/Date	Category	9	Urgency	Description
101	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:19	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-9
T)	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:19	SAS		Normal	SAS 2018-3-9
M	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:19	Photos		Normal	Photos 2018-3-9
*	NAC_PAYA_UB1_800601[NAT	ONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:19	Photos		Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:19	Photos		Normal	Photos 2018-3-9
3%	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 11:19	Photos		Normal	Photos 2018-3-9
£.	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 11:19	Photos		Normal	Photos 2018-3-9
ideo List	Uploaded By/Date	Folder Date	File Name		9	Source

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