

# NATIONAL Assessment Centre Services

Date In: 14/02/18	Job description	Date & Time Completed	Done by
Ref No: MM/INC18004802/13	SAS e-filing		
Veh No: FBL7487X	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 25/02/18 0835	i-Motor Claim Form	MT/0985941	
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: ( Kim KEAT (BBOC) ) Tel: Fax: )

TP Particulars:	Veh No: FBK7772C	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

NA1801646	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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 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	14/03/2018 09:52
Date Of Accident	25/02/2018 08:35
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7487X
<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	GLR125LWH
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?	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	NOORJAHAN BEGUM BINTE ABDUL MOHAMMED
NRIC No	S9103184A
Date Of Birth	27/01/1991
Occupation	INDOOR
Date Of Driving Pass	25/02/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 701 WEST COAST ROAD #02-317
Postcode	120701
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	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?	YES
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	FBK7772C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	NOORJAHAN BEGUM BINTE ABDUL MOHAMMED
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**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 willful 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.

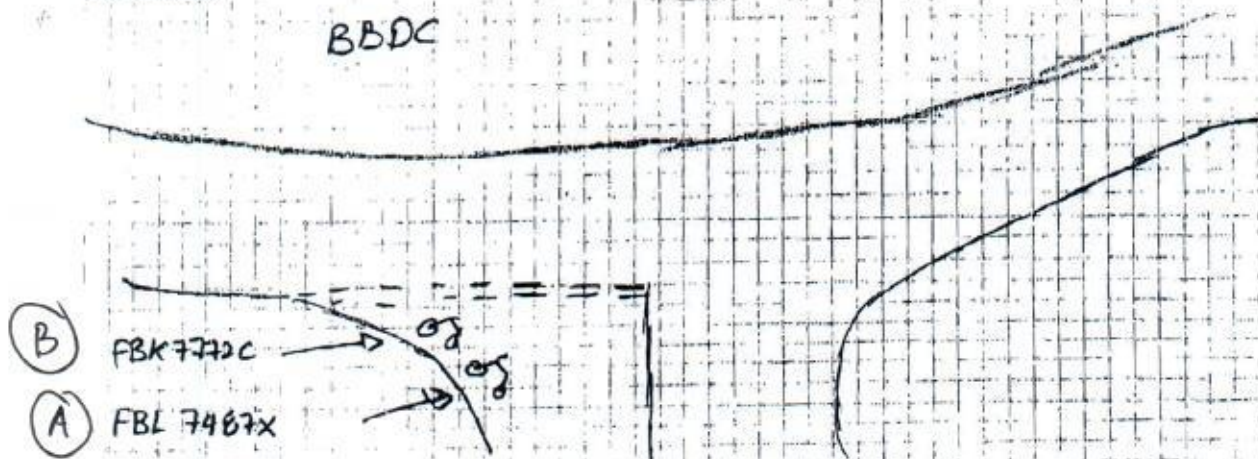
UKI DATOK DRIVING CENTRE LTD  
 #15 LUK: DATOK WEST AVENUE 5  
 SINGAPORE 660085  
 TEL: 6561 7333 FAX: 6563 0777

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was turning back to BBDC, I did not  
 realise ~~the~~ the front bike FBK 7772C stop resulted  
 I hit onto his rear.

## DECLARATION

GUKU BATOK DRIVING CENTRE LTD  
 We declare the foregoing particulars are true in every respect.  
 815 GUKU BATOK EAST AVENUE 5  
 SINGAPORE 650085  
 TEL: 6661 1233 FAX: 6661 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]* 14/03/18



☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident  
25/2/18

Time

Location of Accident

Bukit Batok Driving Centre

<b>INSURED/ POLICY HOLDER (VEHICLE A)</b>	
Vehicle Registration Number	FBL 7487X
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: 65943515 Hp:
Occupation	
<b>VEHICLE PARTICULARS (VEHICLE A)</b>	
Vehicle Make / Model	Honda GL125L
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, <u>Bus/Motorcycle</u> 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 type="radio"/> Motorcycle
<b>INSURANCE COMPANY (VEHICLE A)</b>	
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
<b>DRIVER</b>	
Name of Driver	Noorjahan Begum Binte Abdul Mohammed
NRIC/ FIN/ Passport	S9103184A
Date of Birth	27 / 1 / 1991
Occupation	
Driving Pass Date	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number	Tel: Hp:
Address	
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)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
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	
<b>OTHER INFORMATION</b>	
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was there any camera video footage (In car)?	<input type="radio"/> No <input type="radio"/> Yes
<b>DETAILS OF POLICE ACTION</b>	
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	
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?	<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**

**DEPARTMENT OF MOTOR VEHICLES**

**SINGAPORE**

TEL: 6561 1233 FAX: 6569 0777

Date & Time

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9103184A



Name  
NOORJAHAN BEGUM BINTE ABDUL  
MOHAMMED



Race  
INDIAN  
Date of birth  
27-01-1991  
Country/Place of birth  
SINGAPORE

Sex  
F

S9103184A

5818003



NRIC No. S9103184A



Date of issue  
06-10-2017

Address  
APT BLK 701 WEST COAST ROAD  
#02-317  
SINGAPORE 120701





### 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 : 0073451220-14

Cover : Comprehensive

- |   |                                  |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : FBL7487X                       |
| Chassis Number  | : JC641000819                    |
| 2. Name of Policyholder   | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance  | : 01 Jan 2018                    |
| 4. Expiry Date of Insurance   | : 31 Dec 2018                    |
| 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 : 02 Jan 2018 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



## Annex A

Transaction ref 20170223113132266966

The owner and vehicle particulars for Vehicle No. FBL7487X as at 23 Feb 2017 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 BUKIT BATOK DRIVING CENTRE SINGAPORE 659085
6. Mailing Address	: -
7. Vehicle No.	: FBL7487X
8. Effective Date of Ownership	: 23 Feb 2017
9. Original Registration Date	: 23 Feb 2017
10. First Registration Date	: 23 Feb 2017
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	: 2017
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No.	: JC641000819 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: JC64E1000858 / -
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	: \$3,475.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00
33. IU Label No.	: -
34. COE No.	: 2016120106000679G
35. COE Expiry Date	: 22 Feb 2027
36. COE Category	: D - Motorcycle
37. Quota Premium/Prevailing Quota Premium	: \$6,212.00
38. Actual Quota Premium/PQP Paid	: \$6,212.00
39. Actual ARF Paid	: \$522.00
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	: \$64.00
46. Road Tax Start Date	: 23 Feb 2017
47. Road Tax End Date	: 22 Feb 2018
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.



## Claim Handling

Accident MT/0985941

Policy No.	0073451220-14	Vehicle No.	FB17487X	GST Registration No.	M200805321
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD	Cover Type	Comprehensive	Policyholder NRIC	198801155R
Product Code	FLEET INSURANCE	Contact No.(Office)	64833167	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	No		
<b>Accident Details</b>					
Report Date	14/03/2018 10:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/02/2018	Time of Accident hh:mm	08:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK DRIVING CENTRE				
<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	SINGAPORE 659085
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5082205146-02		
<b>O1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/01/1991
Unnamed driver Name	NOORJAHAN BEGUM BINTE ABD	Driver NRIC	S9103184A	Driving Experience	0
Register Date of Driver License	25/02/2018	Driver Age	27	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	SINGAPORE 120701
Address 1	BLK 701	Address 2	WEST COAST ROAD	Post Code	120701
Address 4		Address Type	Singapore address		
Unit No.	#02-317				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	198801155R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65943506
Email Address	RACHEL@BDDC.SG	O1 Vehicle Number	FB17487X	TP Vehicle Number	FBK7772C
Claim Description	FB17487X / FBK7772C ON 25 Feb 2018			Name of Preferred Workshop	KJM KEAT
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	14/03/2018 00:00
Date Registered	14/03/2018 10:12	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0985941	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/03/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	



3/14/2018

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 10:12	SAS	Normal	SAS 2018-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 10:12	Photos	Normal	Photos 2018-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 10:12	Photos	Normal	Photos 2018-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 10:12	Photos	Normal	Photos 2018-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 10:12	Photos	Normal	Photos 2018-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 10:12	Photos	Normal	Photos 2018-3-14

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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