NATIONAL Assessment Centr	e Services (ANTIDANE)		
Date In 22/03/18	Job description Date & Time Completed	Done by	
Ref No. Non/INC/8005387/13	SAS e-filing		
Veh No FBC6666A	E-mail (within 8hrs, AIC 2hrs;		
DOA 19/03/18 2020	i-Motor Claim Form : 107/0987245		
	i-Motor W/O (Within: OD 2hrs. TP 4hrs)	******	
OD TR Reporting Only	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
11 insulei	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:		
TP Particulars: Veh No:	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No. () Pe	riod: () 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: \$1,0	000 () / \$2,000 ()		
General Remarks;-			
() Walk-In Customer: Customer's info	rmation strictly Confidential & Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.		
Drive-In ()/ Towed-In (); Invoice)
			-
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done by	
Apply for Transport Allowance ()/C	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()	2.77	
Injury:			
Date/Time Actions			
Zatoridite Actions		1,1000	- 10
		2	
2.010.2.2.1	Invoice Preparation Checklist	THE RESERVE	mt (\$)
NA1801816	1) AR : Accident Reporting (\$30);	1st Bill A	dd Bill
laimant's Particulars :-	2) DA: Damage Assessment (\$100); INC (\$30)		
Priver/Owner:	3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120		
ontact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75		
amaged Portion:	7) N1 : Idae DA + SMRT Survey \$160		
	8) NTUC Additional Services		
C Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
at. 1:	TP (N11): TP (N:n INC) against INC \$20 9) N12: Idac Mobile 30	100	
at. 2 / 3:	Invoice dated Fee Charged		100
	Invalor dated Fee Charges	-1513/	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.

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	22/03/2018 15:13
Date Of Accident	19/03/2018 20:20
Exact Location Of Accident	'S' COURSE IN BBDC CIRCUIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC6666A
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-64833167
Vehicle Particulars	
Manufacturer	HONDA
Model	MSX125
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	NADIAH BINTI HASHIM
NRIC No	\$90052821
Date Of Birth	18/02/1990
Occupation	INDOOR
Date Of Driving Pass	19/03/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE

Mobile Number Fax Number Contact Number

NOEMAIL EMail Address

Address BLK 810A CHOA CHU KANG AVE 7
#18-507
Postcode 681810

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 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? 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?

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?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

IMPORTANT NOTICE

- 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
- 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.
- 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.
- B. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 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)
 - (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/mall 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
- 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 GENTRE LTD

815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 600015 TEL: 8561 1233 FAX: 60 63 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 .:

GIARME SketchPlanForm V3

SKETCH PLAN BROC CIRCUIT DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 786 NO 3 HASHIM to stall enque. bar BURLT SATOK DRIVING CENTRE LTD Partition allower Ocher STEDECKARATION WEST AVENUE 5 Vertica (SW) Zest (Mo) et o I/We 620044 REVALES SANG BUTTICulars are true in every respect. 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

22/03

Name:

NRIC/FIN No.:

GIARMC SkatchPlanForm_V3

0	Owner	
0	Driver	

ACCIDENT STATEMENT

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Address Approximate Age Injuries Sustained If Vehicle Occupants, state in which vehicle? Were Seat Belts Worn? Was injured conveyed to hospital by ambulance? DETAILS OFINJURED PERSON 2 Name NRIC/ FIN/ Pasaport Address Approximate Age Injuries Sustained If Vehicle Occupants, state in which vehicle? Were Seat Belts Worn?	BUK SIDA CHON CHIN PING HILT-EIG-SOT SIGNATO 28. TOT GF LEFT FOOT SCOLLED: O Yes O No O Yes O No O Yes O No
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Address Approximate Age Injuries Sustained If Vehicle Occupants, state in which vehicle? Ware Seat Belts Worn? Was injured conveyed to hospital by ambulance? DETAILS OF INJURED PERSONS Name NRIC/ FIN/ Passport Address Approximate Age Injuries Sustained If Vehicle Occupants, state in which vehicle? Were Seat Belts Worn? Was injured conveyed to Hospital by Ambulance? Desparation Tilk the above particulars 8 information provides	BUK SIDA CHON CHIN PING HILT-EIG-SOT SIGNATO 28. TOT GF LEFT FOOT SCOLLED: O Yes O No O Yes O No O Yes O No
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Address Approximate Age Injuries Sustained If Vehicle Occupants, state in which vehicle? Ware Seat Belts Worn? Was injured conveyed to hospital by ambulance? DETAILS OF INJURED PERSON 2 Name NRIC/ FIN/ Pasaport Address Approximate Age Injuries Sustained If Vehicle Occupants, state in which vehicle? Were Seat Belts Worn? Was injured conveyed to Hospital by Ambulance? Pasianation Tok Institute Sustained If Were Seat Belts Worn? Was injured conveyed to Hospital by Ambulance? Pasianation Tok Institute Sustained If Singapore Sage Sustained Singapore Sage Sage Sage Sage Sage Sage Sage Sag	BUX SIDA CHON CHIN PANG HALT TILE-SOT SCAUSTO 28 TOF CF LEFT FAST SCOULS O Yes O No And
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Address Approximate Age Injuries Sustained If Vehicle Occupents, state in which vehicle? Were Seat Belts Worn? Was injured conveyed to hospital by ambulance? DETAILS OF INJURED PERSONS Name NRIC/ FIN/ Passport Address Approximate Age Injuries Sustained If Vehicle Occupants, state in which vehicle? Were Seat Belts Worn? Was Injured conveyed to Hospital by Ambulance? Declaration OK INDIVING CENTRE & Information provided SINGAPORE 659085 TEL: 6561 1233 FAX: 6569 07 3 Date & Time Signature of Policy Holder (Company Chop If applicable) Date & Time	BUX 310 A CHON CHIL PING HILL F. \$18 - SOT SCAUSTO 28 TOF GF LEFT FAST SCOULS NO Yes No Yes No Yes No Yes No He did above are true in every aspect.
Address Approximate Age Injuries Sustained If Vehicle Occupants, state in which vehicle? Ware Soat Belts Worn? Was Injured conveyed to hospital by ambulance? DETAILS OF INJURED PERSONS Name NRIC/ FIN/ Passport Address Approximate Age Injuries Sustained If Vehicle Occupants, state in which vehicle? Were Seat Belts Worn? Was Injured conveyed to Hospital by Ambulance? Declaration OK INJURIES CANADA AMBULANCE? SINGAPORE 659085 TEL: 6561 1233 FAX: 6569 07 Signature of Policy Holder (Company Chop if applicable)	BUX 310 A CHON CHIL PING HILL F. \$18 - SOT SCAUSTO 28 TOF GF LEFT FAST SCOULS NO Yes No Yes No Yes No Yes No He did above are true in every aspect.

IDENTITY CARD NO. \$90052821





NADIAH BINTI HASHIM

18-02-1990

Country of birth SINGAPORE

3581503





01-03-2005



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
POAD YEARSPORT ACT 1987 (MALAYSIA)

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

: FBC6666A

Chassis Number

2. Name of Policyholder

: MLHJC61A4G5302701

3. Effective Date of Insurance

: BUKIT BATOK DRIVING CENTRE LTO

: 01 Jan 2018

4. Expiry Date of Insurance

: 31 Dec 2018

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 NAMED DRIVER (1) YES N/A

NAMED DRIVER (2)

N/A N/A

HIRE PURCHASE COMPANY 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)

(I or the lessance of Motor Cover Note only)

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

The owner and vehicle particulars for Vehicle No. FBC6666A as at 25 Jan 2017 are as follows:

*	The or	wher and vehicle particulars to vehicle	to the state of th	
		Addition being sauce as	BUKIT BATOK DRIVING CENTRE LTD	
	1.	Name	: Company	
	2.	Identification No. Type	: 198801155R	
	3.	Identification No.	Control of the Contro	
	4.	Place Of Passport Issue	: 815 BUKIT BATOK WEST AVENUE 5	
	5.	Registered Address	BUKIT BATOK DRIVING CENTRE	
			SINGAPORE 659085	
			Shvorii ora	
	6.	Mailing Address	FBC6666A	
	7.	Vehicle No.	25 Jan 2017	
	8.	Effective Date of Ownership	25 Jan 2017	
		Original Registration Date		
	9.	First Registration Date	: 25 Jan 2017 : P00 - Passenger Motorcycle/Autocycle/Moped	
	10.	Vehicle Type	: Poo - Passenger Motoro Jorgan	
	1.1.	Vehicle Scheme	: Normal	
	12.		: No Attachment	
	13.		1.	
)	14.		1.	
1	15.	and the Adules	HONDA	
	16.	Vehicle Make	: MSX125	
	17	Vehicle Model Year of Manufacture	: 2016	
	18.	0.1	: Red	
	19.			
	20.		: 1	
	21		MLHJC61A4Q5302701 / -	
	22	or Standard	: Petrol / Euro III	
	23	- I At Diator NO	; JC61E2306486/-	
	24		; 125/-	88
	25			
	26	Maximum Power Output	104	5 8
	2.7	· · · · · · · · · · · · · · · · · · ·	: 258	
		Maximum Laden Weight (Ag)	: \$2,456.00	
	29	and the second of the state of the second of	· No	
		D. PARF Eligibility PARF Eligibility Expiry Date		
			; \$0.00	
			:	
111		3. IU Label No.	; 2016120106000674H	
. '	-	4. COE No.	: 24 Jan 2027	
		5. COE Expiry Date	D - Motorcycle	16
		66. COE Category Quota Premium/Prevailing Quota Premium/Premium/Prevailing Quota Premium/Prevailing Quota Premium/Prevail	mium: \$6,212.00	
	3	7. Quota Premium/Prevaning Quota 17		
	2	38. Actual Quota Premium/PQP Paid	: \$369.00	
277		39. Actual ARF Paid		
	- 1	40. CO2 Emission(g/km)		e 4
		41. Actual CEVS Rebate Utilised		
	8	42. CEVS Surcharge Paid		8
		43. Actual Green Vehicle Rebate Utilised		
		44. Vehicle Lifespan Expiry Date	: \$64.00	
		45. Road Tax Amount	: 25 Jan 2017	
		46. Road Tax Start Date	: 24 Jan 2018	ium
		47. Road Tax End Date	: 24 Jan 2018 : To renew the COE, the Prevailing Quota Prem	
		48. Remarks	payable is that of Category D.	
			Mary Carlotter C	.4

Claim Handling

AND THE STATE OF T		stoleton Min	FBC6666A	GST Registration No.	M200805321
(100 to 100 to 1	0073451220-14	Vehicle No.	LDCoppox	Policyholder NRJC	198801155R
licyholder Name	BUKIT BATOK DRIVING CENTRE LTD		0.2000.000.000	Loading	0
oduct Code	FLEET INSURANCE	Cover Type	Comprehensive	Contact No.(Home)	0
ntact No.(Mobile)	o	Contact No.(Office)	64833167	eCode	No *
nail Address		Special Remark			110
K	« No Yes	TCA	No Yes	eCode Reason	200
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details				12 AV 2 STATE OF THE	-17-17-0-2
	22/03/2018 16:58	Accident Report Within 24 hrs	Yes	Accident Type	Others
port Date		Time of Accident hh:mm	20:20	Country of Accident	Singapore
te of Accident	19/03/2018	Orange Force		ICM No.	
porting Centre		Grange roce			
cident Location	'S' COURSE IN BBDC CIRCUIT				
♥ Benefits					
∀ Excess					
wn damage Excess	0.00	Additional Excess		Windscreen Excess	
named Driver Excess		Outside Singapore OD Excess			
hird Party Excess	0,00	Outside Singapore TP Excess			
GST Registered Informa	stion				
ST Registered	Yes		GST Registration Date	01/04/1994	
ST Registration No.	M200805321		GST Status Verified	Yes	
odification History					
NUMBER OF CHARLES					
→ Policyholder Mailing Ad	dress				
	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 659085
ddress 1	GAS BUNET OFFICE PRESE	Address Type	Singapore address	Post Code	659085
ddress 4		Related Policy Number	5082205146-02		
Jnit No.			155555111		
♥ OI Driver Info			Unnamed Driver		
Driver Name	Unnamed Driver	Driver Type	\$90052821	Driver DOB	18/02/1990
Innamed driver Name	NADIAH BINTI HASHIM	Driver NRIC	28	Driving Experience	0
Register Date of Driver License	19/03/2018	Driver Age	0	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	CHOA CHU KANG AVENUE 7	Address 3	KEAT HONG COLOUR
Address 1	BLK S10A	Address 2		Post Code	681810
Address 4	SINGAPORE 681810	Address Type	Singapore address	Protection.	1/24/2011
Unit No.	#18-507				
Does he own a Singapore	Yes + No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
Declaration					
Breathalyser or Blood Test	_	Any injury?	Yes W No		
breatharyser or amount man.	0 mg	with address.			
Readings					
Readings					
Reading?					
0x1=x2	2				
	w.				
fodification History	w.				
dodification History			DUTT DATON DEDONG CENTRE	Insured NRIC	198801155R
fodification History Claim 001 OD-MX Ne	OD-MX *	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	198801155R
Claim 001 OD-MX Ne		Contact No.(Home)		Contact No.(Office)	198801155R 65943506
Claim 001 OD-MX Ne Claim Type * Contact No.(Mobile)			BUKIT BATOK DRIVING CENTRE FBC6666A	Contact No.(Office) TP Vehicle Number	65943506
Claim 001 OD-MX Ne Claim Type * Contact No.(Mobile) Email Address	OD-MX *	Contact No.(Home)		Contact No.(Office)	65943506
Claim 001 OD-MX Ne Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	OD-MX RACHEL@BBDC.SG	Contact No.(Home)		Contact No.(Office) TP Vehicle Number	65943506
Claim 001 OD-MX Ne Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018	Contact No.(Home) OI Vehicle Number Insured Liability •	FBC6666A Fully at Pault	Contact No.(Office) TP Vehicle Number	65943506
Claim 001 OD-MX Ne Claim 7ype * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes	Contact No.(Home) Of Vehicle Number Insured Liability Preferered Repair Option	FBC6656A	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	65943506 K3M KEAT
Claim 001 OD-MX Ne Claim 7ype * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 7 22/03/2018 17:04	Ol Vehicle Number Insured Liability Preferered Repair Option Claim Close Date	FBC6666A Fully at Pault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	65943506 KIM KEAT
Claim 001 OD-MX Ne Claim 79pe * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes	Contact No.(Home) Of Vehicle Number Insured Liability Preferered Repair Option	FBC6666A Fully at Pault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report. Date Received	65943506 KIM KEAT
Claim 001 OD-MX Ne Claim 001 OD-MX Ne Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 7 22/03/2018 17:04	Ol Vehicle Number Insured Liability Preferered Repair Option Claim Close Date	FBC6666A Fully at Pault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report. Date Received	65943506 KIM KEAT
Claim 001 OD-MX Ne Claim 001 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Raport Taken By	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 7 22/03/2018 17:04	Ol Vehicle Number Insured Liability Preferered Repair Option Claim Close Date	FBC6666A Fully at Pault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report. Date Received	65943506 KIM KEAT
Claim 001 OD-MX Ne Claim 7ype * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 7 22/03/2018 17:04	Ol Vehicle Number Insured Liability Preferered Repair Option Claim Close Date	FBC6666A Fully at Fault Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report. Date Received	65943506 KIM KEAT
Claim 001 OD-MX Ne Claim 7ype * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 7 22/03/2018 17:04	Ol Vehicle Number Insured Liability Preferered Repair Option Claim Close Date	FBC6666A Fully at Fault Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report. Date Received	65943506 KIM KEAT
Claim 001 OD-MX Ne Claim 701 OD-MX Ne Claim 7ype * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By ** Print AK letter	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 7 22/03/2018 17:04	Ol Vehicle Number Insured Liability Preferered Repair Option Claim Close Date	FBC6666A Fully at Fault Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report. Date Received	65943506 KIM KEAT
Claim 001 OD-MX Ne Claim 001 OD-MX Ne Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By ** Print AK letter	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 7 22/03/2018 17:04	Ol Vehicle Number Insured Liability Preferered Repair Option Claim Close Date	FBC6666A Fully at Fault Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report. Date Received	65943506 KIM KEAT
Claim 001 OD-MX Ne Claim 001 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By Print AK letter Attachment	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 7 22/03/2018 17:04	Ol Vehicle Number Insured Liability Preferered Repair Option Claim Close Date	FBC6666A Fully at Fault Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report. Date Received	65943506 KIM KEAT
Claim 001 OD-MX Ne Claim 001 OD-MX Ne Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By Print AK letter Attachment	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 22/03/2018 17:04 ROSLINDA	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	FBC6666A Fully at Fault Preferred Workshop (refer below) Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report. Date Received	65943506 KIM KEAT
Claim 001 OD-MX Ne Claim 001 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By ** Print AK letter Attachment	OD-MX	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	FBC6666A Fully at Fault Preferred Workshop (refer below) Save Submit 001 22/03/2018 08:00	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report. Date Received Total Loss but Repaired	65943506 KIM KEAT Received 22/03/2018 00:00
Claim 001 OD-MX Claim 001 OD-MX Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By Print AK letter Attachment Accident No. Last Doc., Received	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 22/03/2018 17:04 ROSLINDA MT/0987245 * Yes No Path *	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	FBC6666A Fully at Fault Preferred Workshop (refer below) Save Submit 001 22/03/2018 00:00 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report. Date Received Total Loss but Repaired Confidential Urg	65943506 KIM KEAT Received 22/03/2018 00:00
Claim 001 OD-MX Ne Claim 001 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By ** Print AK letter Attachment ** Accident No.	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 22/03/2018 17:04 ROSLINDA MT/0987245 * Yes No Path *	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	FBC6666A Fully at Fault Preferred Workshop (refer below) Save Submit 001 22/03/2018 00:00 Category * Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report. Date Received Total Loss but Repaired Confidential Urg NO V Normal	65943506 KIM KEAT Received 22/03/2018 00:00
Claim 001 OD-MX Claim 001 OD-MX Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By Print AK letter Attachment Accident No. Last Dec. Received	OD-MX RACHEL@B8DC.SG FBC6666A ON 19 Mar 2018 Yes 22/03/2018 17:04 ROSLINDA MT/D987245 * Yes * No Path *	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	FBC6666A Fully at Fault Preferred Workshop (refer below) Save Submit 001 22/03/2018 00:00 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report. Date Received Total Loss but Repaired Confidential Urg	65943506 KIM KEAT Received 22/03/2018 00:00

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

Choose File No file chosen
Choose File No file chosen
Message Read

Clear	Please Select		NO	7	Normal *	
Clear	Please Select	•	NO	*	Normal *	
Clear	Please Select		NO	*	Normal *	

Attachment List

Attachment		Uploaded By/Date	Category	P	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-22
(G	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	SAS		Normal	SAS 2018-3-22
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	Photos		Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	Photos		Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	Photos		Normal	Photos 2018-3-22
0	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	Photos		Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	Photos		Normal	Photos 2018-3-22
Video List			File Name		9	Source

http://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do