

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 31/08/18	Job description	Date & Time Completed	Done by
Ref No NM/INC18015924/13	SAS e-filing		
Veh No FBK7811Z	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 15/08/18 1230	i-Motor Claim Form	MT/1009646-	001
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**KIM KEAT (BBAC)**) Tel: Fax:)

TP Particulars:	Veh No: LOST CONTROL	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

NA1805536	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
at 1:	6) TR: Re-inspection \$75			
at 2/3:	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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 (N'm INC) against INC \$20			
	9) N12: Idao Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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	31/08/2018 14:12
Date Of Accident	15/08/2018 12:30
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK7811Z
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	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?	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	NGUI TET LIN CATHERINE
NRIC No	S1405813C
Date Of Birth	22/12/1960
Occupation	INDOOR
Date Of Driving Pass	15/08/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98889386
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 1 JALAN SELANTING #05-07
Postcode	598368
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	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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

AS I GO AROUND THE MINI CIRCUIT, I LOST CONTROL OF THE MOTORCYCLE AND FELL DOWN.

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	NGUI TET LIN CATHERINE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK7811Z
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 Authorized Officer.
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 GAA Risks 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 lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to request of the insurer being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, to knowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, may, 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 this 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 making of correspondence, statements, invoices, reports or notices to me), which could involve disclosure of certain personal data about me for bring about delivery of the same as well as on the external cover of envelope/mail package(s), 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/are be disclosed by any of the Insurers and/or 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, regulatory, law enforcement and government agencies as reasonably required for the purposes stated; or

or as may be required by the Insurers under any regulations, laws or court orders.

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

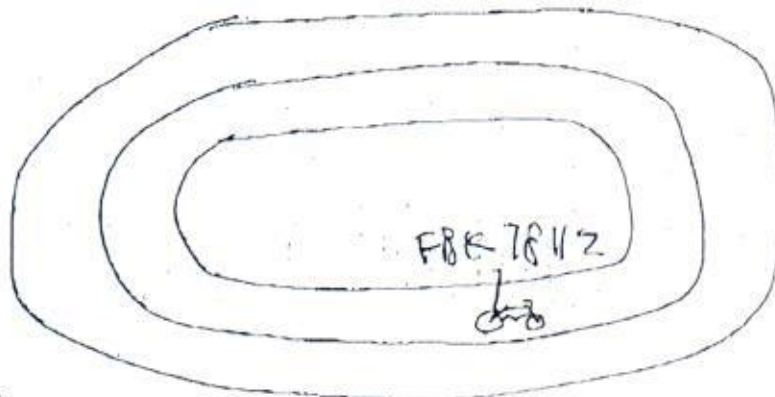
Policyholder's Signature
Date & Time:

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

Signature Centre Officer's Signature
Name:
NIC/PIN No:

31/08/18

SKETCH PLAN



Bukit Batok Driving Centre, mini circuit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I go around the mini circuit, I lost control of the motorcycle and fell down.

BUKIT BATOK DRIVING CENTRE LTD
615 BUKIT BATOK WEST AVENUE 5
SINGAPORE 650085
TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature
Date & Time:

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

Reported Centre Personnel's Signature
Name:
NIC/FIN No.:

ACCIDENT STATEMENT

Date of Accident
15 Aug 2018Time
12.30pmLocation of Accident
Bukit Batok Driving Centre
☐ Owner
☐ Driver

INSURED/POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBK 3811 2
Name of Policyholder	
NRIC/ FIN/ Passport NO. (if Policyholder is company)	
Address	
Contact Number	1st 6371 1111
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	
Type of Vehicle	Sedan, MPV, City, Van, Lorry, Bus, <u>Motorcycle</u> , Others
Exact Purpose for which vehicle was being used at the time of accident	
Are you claiming under your own insurance policy?	☐ Yes ☒ No Remarks
Vehicle category	☐ Private ☐ Commercial ☐ Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	NTUC
Type of Policy	☒ Comprehensive ☐ TP & Third Party
Exact Policy	☒ Yes ☐ No
Policy Number	00734151220
DRIVER	
Name of Driver	NEILL TEV LIN CHAYWONE
NRIC/ FIN/ Passport	S1105813C
Date of Birth	22 DEC 1960
Occupation	
Driving Pass Date	
Gender	☐ Male ☒ Female
Contact Number	Tel. Hp 98889386
Address	Blk 1 Selen Sekuting nos-07 Singapore 558368
Email Address	
Was driver an employee of the Insured's Company?	☐ Yes ☒ No
If Yes, 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.)	
Weather Conditions	☒ Clear ☐ Rainy ☐ Others
Road Surface	☐ Wet ☒ Dry ☐ Others
Oncoming Area	
Approximate Speed	
OTHER INFORMATION	
Was there any foreign vehicle(s) involved?	☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness)	☒ No ☐ Yes
Was any other vehicle(s) or property damaged?	☒ No ☐ Yes
Was there any camera video footage (if any)?	☒ No ☐ Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	☒ No ☐ Yes
If Yes, please state which police station & Report No.	
Was police of intended Prosecution given?	☒ No ☐ Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE)

Vehicle Registration Number

Vehicle Make/Model/Colour

Details of Property (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 Property (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?

Worn Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Worn Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

Signature of Policy Holder

Signature of Driver / Date & Time

Signature of Driver / Date & Time

Signature of Driver / Date & Time

Signature of Driver / Date & Time

Signature of Driver / Date & Time

Signature of Driver / Date & Time

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Neel Tev Sun Chennu
S1405813C

Tracy J. J. J. J.

N.A.

Signature of Policy Holder

Signature of Driver / Date & Time

Signature of Driver / Date & Time

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Signature of Policy Holder

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Signature of Driver / Date &

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1405813C



NGUI TET LIN CATHERINE

魏德靈

CHINESE

Date of Birth: 22-12-1960

Gender: F

Country of Birth: SINGAPORE

2725736



NRIC No. S1405813C



Date of Birth: 27-10-1993

1 JALAN SELANTING #05-07
SINGAPORE 508368
NRIC No: S1405813C

Date: 23/12/2014 (R)

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	: FBK7811Z
Chassis Number	: JC641000301
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)

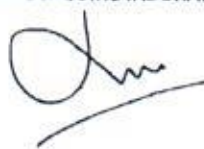
Agency : BUKIT BATOK DRIVING CENTRE (00000662435)
Date of Issue : 02 Jan 2018 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Transaction ref 20160201111547880507

The owner and vehicle particulars for Vehicle No. FBK7811Z 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.	: FBK7811Z
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.	: JC641000301 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: JC64E1000316 / -
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.	: 2016020106000265G
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/1009646

Policy No.	0073451220-14	Vehicle No.	FBK7811Z	GST Registrat
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder ?
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(f
Email Address		Special Remark		eCode
KFK	☐ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	31/08/2018 15:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/08/2018	Time of Accident hh:mm	12:30	Country of At
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT BATOK DRIVING CENTRE			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/
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
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5072565215-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NGUI TET LIN CATHERINE	Driver NRIC	S1405813C	Driver DOB
Register Date of Driver License	15/08/2018	Driver Age	57	Driving Exper
Contact No.(Mobile)	98889386	Contact No.(Office)	0	Contact No.(f
Address 1	1 JALAN SELANTING	Address 2	SELANTING GREEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-07			
Does he own a Singapore Registered car?	☒ Yes ☐ No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	[B]
Contact No.(Mobile)		Contact No. (Home)	[]
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	[F]
Claim Description	FBK7811Z ON 15 Aug 2018		
Preferred Workshop	Insured Liability	Fully at Fault	
Workshop No.	Preferred	Preferred Workshop (refer below)	
Finalisation	Repair Option	GIA report	Received
Date Registered	31/08/2018 16:01	Claim Close Date	[]
Report Taken By	ROSINDA	Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment



Accident No. MT/1009646 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 31/08/2018 00:00

Path *

Category *

Confide

[Choose File](#) No file chosen[Clear](#)[Please Select](#) ▼

NO

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NO

[Message Read](#)

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 16:01	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 16:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 16:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 16:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 16:01	Photos		Normal	P
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Aug 2018 15:59	NRIC/ Driving License		Normal	NRIC/ Dr

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