

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 22/10/18	Job description	Date & Time Completed	Done by
Ref No: NM/INC18019164/13	SAS e-filing		
Veh No: FBK7786M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/18 1840	i-Motor Claim Form	MT/1016660 - 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 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: () 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

NA1806731

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	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 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. 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	22/10/2018 17:19
Date Of Accident	15/10/2018 18:40
Exact Location Of Accident	BBDC PLANK PYLON AREA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK7786M
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	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	NUR 'IZZATI BINTI ZAMRI
NRIC No	T0008013B
Date Of Birth	18/02/2000
Occupation	INDOOR
Date Of Driving Pass	15/10/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 549 CHOA CHU KANG ST 52 #02-09
Postcode	680549
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	HIT BY FALLEN TREE / OTHER OBJECTS
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

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 INJURED PERSON 1

Name	NUR 'IZZATI BINTI ZAMRI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK7786M
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.
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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 indgment 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.

RATOK DRIVING CENTRE LTD
816 BUKIT RATOK WEST AVENUE 6
SINGAPORE 659086
TEL: 6561 1233 FAX: 6569 0777

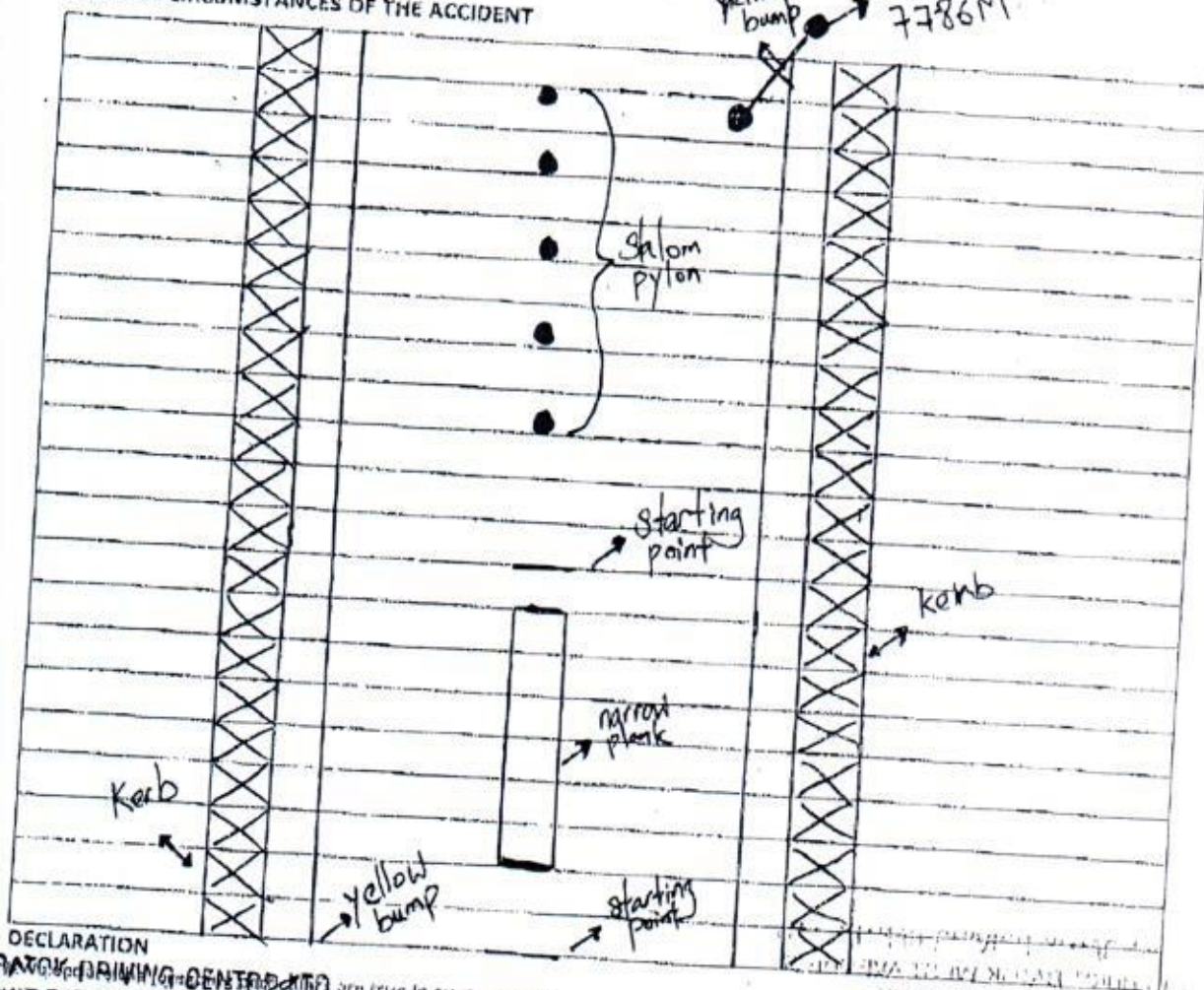
Policyholder's Signature
Date & Time:

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

Reporting Centre (Insurer's) Signature
Name:
NRIC/FIN No:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

1117 RATOK DRIVING CENTRE LTD
115 HUKIT RATOK WEST AVENUE 8
SINGAPORE 659085
TEL: 5561-1233 FAX: 5589 0777

Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

She namely trainee Nur Izzati Binte Zamri, during the last attempt of the Courses slalom pylon. She did as what she did before hand. After passing through the last cone, she release the rear brake ~~and~~ pressure. As mention causing the bike suddenly increase speed and therefor hit toward the yellow bump and follow by the main kerb.

Causing her to lost control and fell due to the impact causing her to injure herself

1.11 **PRIMA DRIVING CENTRE (PDC)**

DECLARATION
615 BUKIT RATAK WEST AVENUE 5

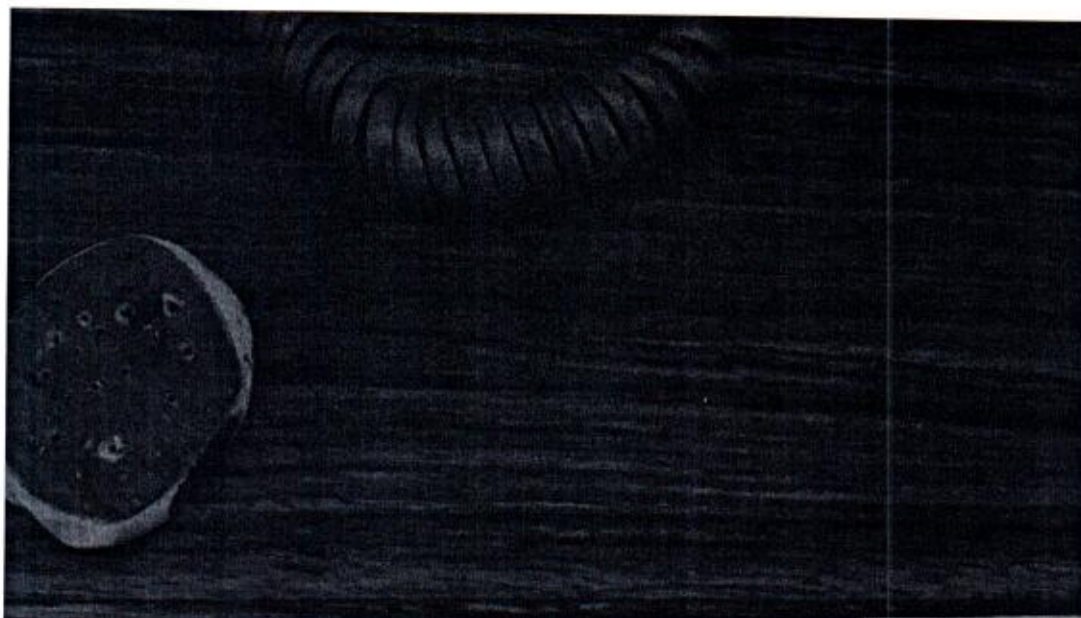
SINGAPORE 659085

TEL: 6561 1233 FAX: 6569 1177

Policyholder's Signature
Date & Time

Driver's Signature
if driver is not the policyholder
Date & Time

Reporting Centre Personnel's Signature
Name
NRIC ID No.



☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

* 15/10/18

1840

Bbdc plank pylon area

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FEK 7786M

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel 6544 5555

Hp

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident

Training

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 Fire & Theft

☐ Third party

Fleet Policy

☒ Yes

☐ No

Policy Number

01754151220

DRIVER

Name of Driver

Nur Izzati Binte Zamri

NRIC/ FIN/ Passport

T 080 8013 B

Date of Birth

18/02/2000

Occupation

Driving Pass Date

Gender

☐ Male

☒ Female

Contact Number

Tel

Hp

Address

Email Address

Was driver an employee of the Insured's Company?

☐ Yes

☐ No

If No, relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (e.g. Chain Collision/ Head-On, etc.)

☐ Clear

☐ Rear-end

☐ Others

Weather Conditions

☐ Wet

☐ Dry

☐ Others

Road Surface

Damage 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

ACCIDENT STATEMENT

☐ Owner
☐ Driver

Date of Accident

Time

Location of Accident

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (If Policyholder is company)

Address

Contact Number

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident.

Are you claiming under your own insurance policy?

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Email Address

Was driver an employee of the insured's Company?
If No, relationship of Driver with the insured.

Vehicle Number of Driver's Own Vehicle (if applicable)
Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc.)

Weather Conditions

Road Surface

Damage Area

Approximate Speed

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (Including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No.

Was notice of Intended Prosecution given?

If Yes, against whom?

F&R 7786M

Tel: 6544 3513

Hp

Saloon, MPV, CRV, Van, Lorry, Bus ☒ Motorcycle Others

Training

☐ Yes

☐ No

Remarks:

☐ Private

☐ Commercial

☐ Motorcycle

NTUC

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

☒ Yes

☐ No

00734151220

Nur Izzati Ismail Zamri
T 000 8013 B
18/02/2000

☐ Male

☒ Female

Tel:

Hp:

☐ Yes

☐ No

☐ Clear

☐ Raining

☐ Others

☐ Wet

☐ Dry

☐ Others

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

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?

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

☐ Yes

☐ 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?

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

☐ Yes

☐ No

BUKIT RATOK DRIVING CENTRE LTD

815 BUKIT RATOK WEST AVENUE 8

SINGAPORE 659085

TEL: 6561 1233 FAX: 6569 0777

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

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

To

018101700178



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0008013B



Name

NUR 'IZZATI BINTI ZAMRI

Race

MALAY

Date of birth

18-02-2000

Sex

F

T0008013B

Country/Place of birth

SINGAPORE



0318

5424634



NRIC No. T0008013B



Date of issue

12-02-2015

Address

APT BLK 549 CHOA CHU KANG STREET 52
#02-09
SINGAPORE 680549

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 | : FBK7786M |
| Chassis Number | : JC641000310 |
| 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 20160201111319843716

The owner and vehicle particulars for Vehicle No. FBK7786M 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.	: FBK7786M
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.	: JC641000310 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: JC64E1000311 / -
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.	: 2016020106000264D
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/1016660

Policy No.	0073451220-14	Vehicle No.	FBK7786M	GST Registration No.
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	22/10/2018 19:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/10/2018	Time of Accident hh:mm	18:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BBDC PLANK PYLON AREA			
Excess				
Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
Benefits				
GST Registered Information				
GST Registered	Yes	GST Registration Date	01/04/19	
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	Driver DOB
Unnamed driver Name	NUR 'IZZATI BINTI ZAMRI	Driver NRIC	T0008013B	Driving Experience
Register Date of Driver License	15/10/2018	Driver Age	18	Contact No.(Home)
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3
Address 1	BLK 549	Address 2	CHOA CHU KANG STREET 52	Post Code
Address 4	SINGAPORE 733780	Address Type	Singapore address	
Unit No.	#02-09			
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BUKIT I
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	FBK778
Claim Description	FBK7786M ON 15 Oct 2018		
Preferred Workshop	Insured Liability	Fully at Fault	
Contract No. Finalisation	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Date Registered	Received		
Report Taken By	22/10/2018 19:06	Claim Close Date	
	ROSLINDA	Workshop Repairer	

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No. MT/1016660 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 22/10/2018 00:00

Path *

[Choose File](#) No file chosen
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[Message Read](#)[Clear](#)

Category * Confidential

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2018 19:05	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Oct 2018 19:05	NRIC/ Driving License	Normal	NRIC/ Driving L
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