NATIONAL Assessment Centre Services [wef 1 Jan'09]

Date In 03/12/18	Job description	Date & Time Completed	Done by
Ref No NM/INC1802/706/13	SAS e-filing		
Veh No FBC6666A	E-mail (Within 5hrs, AIC 2hrs)		
DOA 23/11/18 0830	I-Motor Claim Form	M7/1022388 -	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:)

Claim 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%. P: 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: ( )

Checklist: (INC Hotline: 6788 6616)	Date/Time Completed	Done by
( ) Apply for Transport Allowance ( ) / Courtesy Car ( )		
( ) QC Check / Post Repair Inspection ( )		
( ) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions

NA1808076

Claimant's Particulars:-

Driver/Owner:

Contact No:

Charged Portion:

Checked by (Engr-In-Charge):

Auditors' Comments :-

Invoice Preparation Checklist		Amt ($) Main Bill	Amt ($) Add'l bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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) N1 : Idao 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: Idao Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 03/12/2018 16:22

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 witholding 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	03/12/2018 15:26
Date Of Accident	23/11/2018 08:30
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE
Country/State of Loss	SINGAPORE
DETAILS 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	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	NURIN JAZLINA BINTE JAMALUDIN
NRIC No	S9721152C
Date Of Birth	02/07/1997
Occupation	INDOOR
Date Of Driving Pass	23/11/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 806 WOODLANDS ST 81 #05-277
Postcode	730806
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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

WHILE I WAS DOING MY SUBJECT E-BRAKE,I DID HARD BRAKING RESULTED I FELL DOWN AND HIT MY RIGHT ARM.

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	NURIN JAZLINA BINTE JAMALUDIN
Approximate Age	
Injuries Sustain	ARM
Injured person in which vehicle?	FBC6666A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
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.

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659088
TEL: 6561 1233 FAX: 6569 0777

03/12/18

Policyholder's Signature
Date & Time:

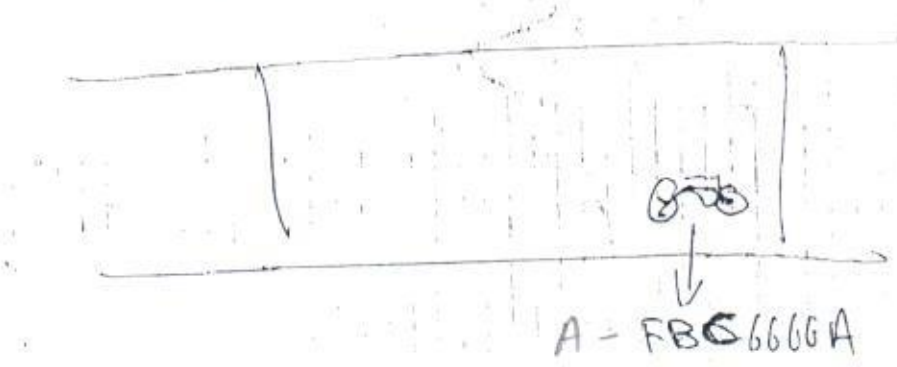
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Assistant's Signature
Name:
NRIC/FIN No:

28/11 2018 WED 14:01 FAX

SKETCH PLAN

E-Brake @ ~~Batok~~ BBDC



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was doing my subject E-Brake, I did hard braking resulted I fell down and hit my right arm

DECLARATION

I, [illegible] declare that the above particulars are true in every respect.

BATOK DRIVING CENTRE LTD
615 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1232 FAX: 6563 0771

Policyholder's Signature
Date & Time:

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

03/12/18

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

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA/1815643 Vehicle Registration No: FBC6666A

Name(as shown in NRIC) : NURIN JALINA BINTE JAMALUDIN NRIC/FIN/Passport No : S9721152C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 806 WOODLANDS ST 81 Singapore(730806)

Contact (Tel) : Mobile No. :

Email Address :

Date of Accident : 23/4/18 Time of Accident : 15:05

Place of Accident : BUKIT BATOK DRIVING CENTRE

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TIME OF ACCIDENT

Policyholder / Driver's Signature
Date:

03/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

○ Owner
○ Driver

ACCIDENT STATEMENT

Date of Accident: 23/11/18
Time:
Location of Accident: Bukit Batok Drive Cate

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBC 6666A
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (If Policyholder is company)	
Address	
Contact Number	Tel: Hp:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Honda
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus/Mcycle, 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 Fire & Theft ○ Third party
Fleet Policy	✓ Yes ○ No
Policy Number	0075415200
DRIVER	
Name of Driver	Nurin Sazlina Binte Jamaluan
NRIC/ FIN/ Passport	S9721152C
Date of Birth	02/07/1997
Occupation	
Driving Pass Date	
Gender	○ Male ✓ Female
Contact Number	Tel: Hp:
Address	Blk 806 Woodlands Street 81 #05-277 730806
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)	
Weather Conditions	✓ Clear ○ Raining ○ Others:
Road Surface	✓ Wet ○ Dry ○ Others:
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
Was there any camera video footage (in car)?	✓ 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 notice 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 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	Nurin Jazlina Binte Jamaluan
NRIC/ FIN/ Passport	S9721152C
Address	
Approximate Age	
Injuries Sustained	Right arm
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	○ Yes ○ No
Was injured conveyed to hospital by ambulance?	○ 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?	○ Yes ○ No
Was Injured conveyed to Hospital by Ambulance?	○ Yes ○ No

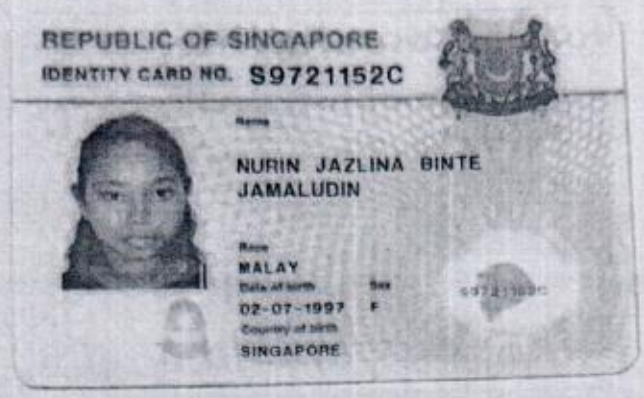
Declaration

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

BATOK DRIVING CENTRE (1977) LTD
215 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

Signature of Policy Holder — Date & Time
(Company Chop if applicable)

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


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9721152C

Name
NURIN JAZLINA BINTE JAMALUDIN

Race
MALAY

Date of birth
02-07-1997

Sex
F

Country of birth
SINGAPORE


4819622

NRIC No. S9721152C

Date of issue
13-03-2012

APT BLK 806 WOODLANDS STREET 81 #05-277
SINGAPORE 730806

NRIC No. S9721152C Date: 15/10/2016

income
made different

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 : FBC6666A
Chassis Number : MLHJC61A4G5302701
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 (000000624JS)
Date of Issue : 02 Jan 2018 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 23/11/2018 15:23
Vehicle No.(For Motor): FBC6666A | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	0073451220-14		BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFT	Comprehensive	FBC6666A	FBC6666A	01/01/2018	

Continue

Annex A

Transaction ref 20170125145524248991

The owner and vehicle particulars for Vehicle No. FBC6666A as at 25 Jan 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.	: FBC6666A
8.	Effective Date of Ownership	: 25 Jan 2017
9.	Original Registration Date	: 25 Jan 2017
10.	First Registration Date	: 25 Jan 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	: MSX125
18.	Year of Manufacture	: 2016
19.	Primary Colour	: Red
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: MLHJC61A4G5302701 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: JC61E2306486 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 125 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 104
28.	Maximum Laden Weight(kg)	: 258
29.	Open Market Value	: $2,456.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: $0.00
33.	IU Label No.	:
34.	COE No.	: 201612010600067411
35.	COE Expiry Date	: 24 Jan 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	: $369.00
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	: 25 Jan 2017
47.	Road Tax End Date	: 24 Jan 2018
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1022388

Policy No.	0073451220-14	Vehicle No.	FBC6666A	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	03/12/2018 18:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/11/2018	Time of Accident hh:mm	08:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT BATOK DRIVING CENTRE			

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 AVENU	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	NURIN JAZLINA BINTE JAMALUD	Driver NRIC	S9721152C	Driver DOB
Register Date of Driver License	23/11/2018	Driver Age	21	Driving Experience
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 806	Address 2	WOODLANDS STREET 81	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-277			
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	RACHEL@BBDC.SG	OI Vehicle Number	FBC666
Claim Description	FBC6666A ON 23 Nov 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Consent to Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
GIA report	Received		
Date Registered	03/12/2018 18:18	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

☐ Print AK letter

Save | Submit

Attachment

Accident No.	MT/1022388	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	03/12/2018 00:00

Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:18	NRIC/ Driving License		Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 18:18	SAS		Normal	SAS 2
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