

NATIONAL Assessment Centre Services

Date In: 25/04/19	Job description	Date & Time Completed	Done by
Ref No: NM/INC19007336/13	SAS e-filing		
Veh No: FBK7131C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/04/19 2050	i-Motor Claim Form	MT/1041744-001	
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: (KM KCAI (SBDC) 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

NA1903027	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) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	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		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile \$30		
Cat 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	25/04/2019 15:38
Date Of Accident	22/04/2019 20:50
Exact Location Of Accident	BBDC CIRCUIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7131C
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	CBF400F
Exact Purpose for which vehicle was being used at time of accident	LEARNER
Are you claiming under your own insurance policy for repair to your vehicle?	YES

If No, Please state action to be taken

Vehicle Category	MOTORCYCLE
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-15
Cover Note Number	

Driver

Name of Driver	A MOHAMED RAFAEEK S/O ABDUL KADER
NRIC No	S8370021A
Date Of Birth	17/06/1983
Occupation	INDOOR
Date Of Driving Pass	22/04/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	261 PAVILION CIRCLE
Postcode	658272
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 (including own vehicle) involved in the accident	1
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	A MOHAMED RAFEEL S/O ABDUL KADER
Approximate Age	
Injuries Sustain	FOREHEAD
Injured person in which vehicle?	FBK7131C
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	
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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8 **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

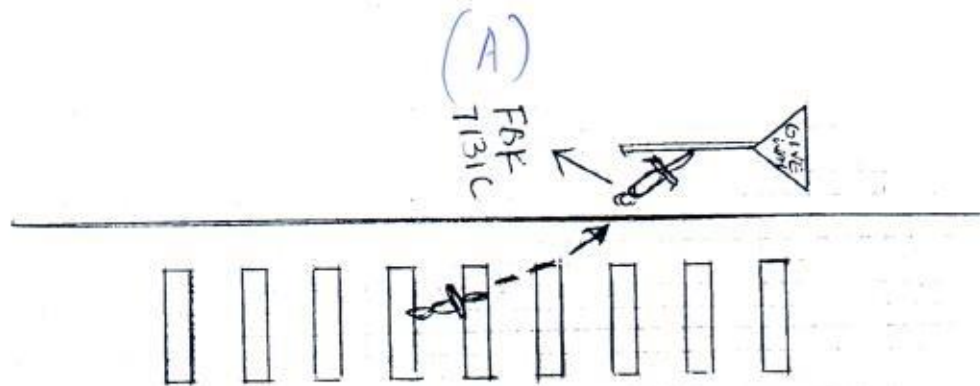
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/Passport

SKETCH PLAN



Bumpy Course BBAC circuit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/4/19, Session 7, at about 2050 hrs, learner rider Mr A Mohamed Rafeek s/o Abdul Kader (S8370021A), attending motorcycle practical lesson, Subject 2.01, when he practice the Bumpy course, he lost control of the bike by accidentally increase the speed, the bike hit on to the "Give way" sign, cause the bike damaged and his forehead injured.

A - FBK 7131C

DECLARATION

I hereby declare that the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time

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

Reporting Officer/Personnel's Signature
Name
NRIC/EPN No

22/4/19

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

22/4/19

Time

2050 hrs

Location of Accident

BBDC circuit.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FRK 7131 C

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 CB 400 F

Type of Vehicle

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

☐ Private

☐ Commercial

☒ Motorcycle

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

NTUC

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☐ No

Policy Number

DRIVER

Name of Driver

A MOHAMED RAPEEK S/O ABDUL KADER

NRIC/ FIN/ Passport

S8370021A

Date of Birth

17/6/1983

Occupation

Driving Pass Date

Gender

☒ Male

☐ Female

Contact Number

Tel:

Hp:

Address

261 PAVILION

CIRCLE 5 (658272)

Email Address

☐ Yes

☒ No

Was driver an employee of the insured's Company?

Learner

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

☐ Raining

☐ 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

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 _____
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

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.

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S8370021A

Name:

A MOHAMED RAFAEEK S/O
ABDUL KADER

Birth Date: 17 Jun 1983

Issue Date: 07 Jul 2003



REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S8370021A



Name

A MOHAMED RAFAEEK S/O ABDUL
KADER

அ முஹம்மது ரஃபீக்

Race

INDIAN

Date of Birth

17-06-1983

Country/Place of Birth

INDIA

Sex

M

S8370021A



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

- Class 1B Motorcycles < 300 CC
- Class 2 Motor cars < 3500 kg with < 7 passengers, exclusive of the driver, and motor tractors/vehicles < 2500 kg
- Class 3 Heavy motor cars and motor tractors > 2500 kg

24 APR 2017
23 SEP 2018
24 DEC 2019

NR 70021A



License No. SB370021A



SB370021A

251 PAULIN DRIVE
SINGAPORE 110251

NR No. SB370021A

13/09/2018

658272

REPUBLIC OF SINGAPORE DRIVING LICENCE

A MOHAMED RAFAEK S/O ABDUL KADER

17 Apr 1983

17 Apr 1983

0006 368221

REPUBLIC OF SINGAPORE
IDENTITY CARD NO **S8370021A**



A MOHAMED RAFAEK S/O ABDUL KADER

அ முஹம்மது ரஃபீக்

Race
INDIAN

Date of birth
17-06-1983

Country/Place of birth
INDIA

Sex
M

0006 368221



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class 2B Motorcycles up to 250 cc. 13 Apr 1983
Class 2 Motor cars up to 1600 kg with up to 7 passengers, 2500 cc or less. 19 Sep 1983
Class 4 Heavy motor cars and motor tractors > 2500 kg. 11 Oct 2016

S8370021A

(AP 422)



License No: **S8370021A**



IC No: **S8370021A**



251 PASIR SINGAPORI

NRIC No

File

13/09/2018

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 : 0073451220-15 **Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **FBK7131C**
Chassis Number : JH2NC4791EK000472

2. Name of Policyholder : **BUKIT BATOK DRIVING CENTRE LTD**

3. Effective Date of Insurance : **01 Jan 2019**

4. Expiry Date of Insurance : **31 Dec 2019**

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 2019 10:30 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Transaction ref 20151228103441027048

The owner and vehicle particulars for Vehicle No. FBK7131C as at 28 Dec 2015 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.	: FBK7131C
8	Effective Date of Ownership	: 28 Dec 2015
9	Original Registration Date	: 28 Dec 2015
10	First Registration Date	: 28 Dec 2015
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	: CB400F
18	Year of Manufacture	: 2015
19	Primary Colour	: White
20	Secondary Colour	: -
21	Passenger Capacity	: 1
22	Chassis/Trailer Chassis No.	: JH2NC4791EK000472 / -
23	Propellant/Emission Standard	: Petrol / Euro III
24	Engine No./Motor No.	: NC47E5000472 / -
25	Engine Capacity(cc)/Power Rating(kW)	: 399 / -
26	Maximum Power Output(kW/bhp)	: - / -
27	Unladen Weight(kg)	: 190
28	Maximum Laden Weight(kg)	: 372
29	Open Market Value	: \$6,679.00
30	PARF Eligibility	: No
31	PARF Eligibility Expiry Date	: -
32	Minimum PARF Benefit	: \$0.00
33	IU Label No.	: -
34	COE No.	: 2015100106000624K
35	COE Expiry Date	: 27 Dec 2025
36	COE Category	: D - Motorcycle
37	Quota Premium/Prevailing Quota Premium	: \$6,158.00
38	Actual Quota Premium/PQP Paid	: \$6,158.00
39	Actual ARF Paid	: \$1,002.00
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	: \$71.00
46	Road Tax Start Date	: 28 Dec 2015
47	Road Tax End Date	: 27 Dec 2016
48	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D

Claim Handling

Accident MT/1041744

Policy No.	0073451220-15	Vehicle No.	FBK7131C	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	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	25/04/2019 16:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/04/2019	Time of Accident hh:mm	20:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BBDC CIRCUIT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			Driver is Covered?
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

▼ 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	0073346186-15	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	A MOHAMED RAFAEEK S/O ABDU	Driver NRIC	S8370021A	Driving Experience
Register Date of Driver License	22/04/2019	Driver Age	35	Contact No.(Home)
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3
Address 1	261 PAVILION CIRCLE	Address 2	SINGAPORE 658272	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MD

New

Claim Type *	OD-MD	Insured Name	BUKIT I
Contact No.(Mobile)		Contact No. (Home)	
Email Address	RACHEL@BBDC.SG	O1 Vehicle Number	FBK713
Claim Description	FBK7131C ON 22 Apr 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Repair Option	Preferred	Preferred Workshop (refer below)	GIA report
Date Registered	25/04/2019 16:35	Received	Claim Close Date

Report Taken By

ROSINDA

Workshop
Repairer

Print AK letter

Save

Submit

Attachment



Accident No.

MT/1041744

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

25/04/2019 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select ▼

Confidential

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 25 Apr 2019 16:35	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2019 16:35	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2019 16:35	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2019 16:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2019 16:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2019 16:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2019 16:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2019 16:35	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading