

NATIONAL Assessment Centre Services

Date In: 17/05/19	Job description	Date & Time Completed	Done by
Ref No: NM/INC19008805/13	SAS e-filing		
Veh No: FBL5930X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/05/19 1800	i-Motor Claim Form	MT/1045457-001	
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: (Kim REAT (BBDc)	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

NA1903658

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)
1st Bill

Am't (\$)
Add 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) NI: 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 (N-on 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	17/05/2019 14:49
Date Of Accident	14/05/2019 18:00
Exact Location Of Accident	EMERGENCY BRAKE AREA CIRCUIT(BBDC)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5930X
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	NC750L
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?	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	0073451220-15
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RAZALI BIN MOHD ZAINUDDIN
NRIC No	S8225005J
Date Of Birth	27/07/1982
Occupation	INDOOR
Date Of Driving Pass	14/05/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97716377
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	105 VERDE CRESCENT
Postcode	688452
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	RAINING
Road Surface	WET

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

I APPROACHED THE COURSE AT THE WRONG SPEED RANGE CAUSING ME TO FORCE THE BRAKE TO STOP BEFORE THE YELLOW LINE. UNFORTUNATELY I SLAMMED TOO HARD ON THE FRT BRAKE LEVER AND CAUSING ME TO LOSE CONTROL OF THE MOTORCYCLE.

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	MUHAMMAD RAZALI BIN MOHD ZAINUDDIN
Approximate Age	
Injuries Sustain	BRUISES
Injured person in which vehicle?	FBL5930X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLANIMPORTANT 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.

BUKIT BATOK DRIVING CENTRE LTD
 615 BUKIT BATOK WEST AVENUE 5
 SINGAPORE 659085
 TEL: 6561 1213 FAX: 6569 0777

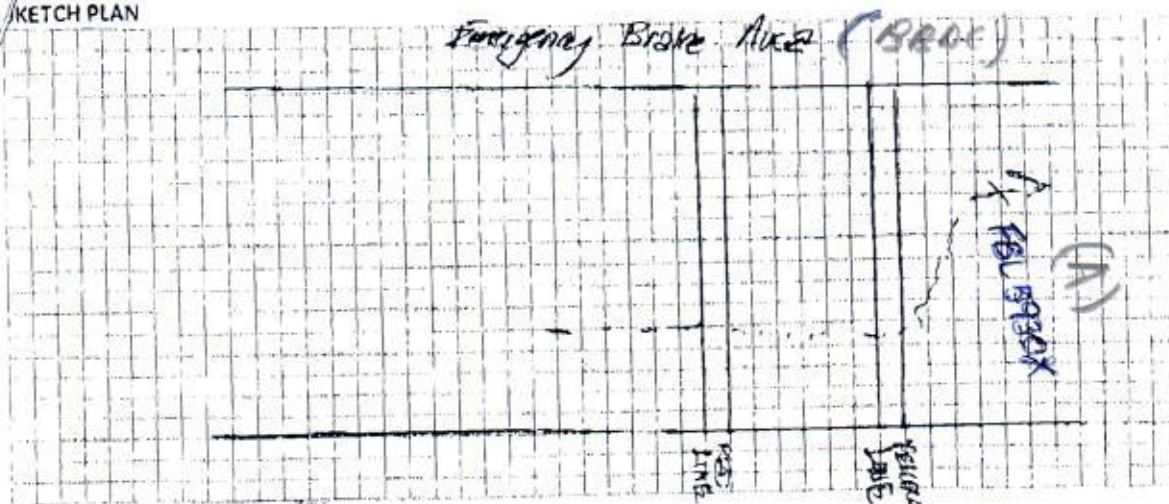
Policyholder's Signature
 Date & Time:

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

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

SKETCH PLAN

Emergency Brake Area (BROK)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I approached the curve at the wrong speed range causing me to force the brake to stop before the yellow line. Unfortunately I slammed too hard on the front brake lever and causing me to lose control of the motorcycle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

BUKIT BATOK DRIVING CENTRE LTD

615 BUKIT BATOK WEST AVENUE 5

SINGAPORE 659085

TEL: 6561 1234 FAX: 6569 0177

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

shym 17/05/19

Tay Z Y 6607

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

14-05-2019

1800 HRS

EMERGENCY BRAKE AREA (CIRCUIT)

INSURED/POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FEL S930X

Name of Policyholder

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

Address 105 VERDE CRESCENT SINGAPORE

6884-52

Contact Number

Tel:

Hp: 97716377

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

HIC ISO 2.1

Type of Vehicle MOTOR CYCLE

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

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

☐ Comprehensive☐ TP Fire & Theft☐ Third party

Fleet Policy

☐ Yes☐ No

Policy Number

DRIVER

Name of Driver MUHAMMAD RAZALI BIN MOHD RAHIMDDIN

NRIC/ FIN/ Passport S 8225005 J

Date of Birth

27-04-1982

Occupation

Driving Pass Date

Gender

☒ Male☐ Female

Contact Number

Tel:

Hp: 97716377

Address

105 VERDE CRESCENT

SINGAPORE 688452

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)

SELF FALL

Weather Conditions

☐ Clear☒ Raining☐ Others:

Road Surface

☒ Wet☐ Dry☐ Others:

Damage Area

All

Approximate Speed

13 km/h

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

FBL 5930X

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

Declaration: HATOK DRIVING CENTRE LTD

We declare that the information provided above are true in every aspect.

SINGAPORE 659085

TEL: 6569 1293 FAX: 6569 1777

Date & Time

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8225005J



NAME
MUHAMMAD RAZALI BIN MOHD
ZAINUDDIN

DATE OF BIRTH
27-07-1982

SEX
M

IDENTITY CARD NO.
S8225005J



COUNTRY OF ORIGIN
SINGAPORE

S825101



IDENTITY CARD NO. S8225005J



DATE OF BIRTH
20-11-2014

NAME
100 VERDE CRESCENT
SINGAPORE 188492



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 | : FRL5930X |
| Chassis Number | : RC671100023 |
| 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

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.		Date of Accident	14/05/2019 18:00
Vehicle No.(For Motor)	FBL5930X	Certificate Number	
Search			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	0073451220-15		BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFT	Comprehensive	FBL5930X	FBL5930X	01/01/2019	

Transaction ref 2016122316S045006797

The owner and vehicle particulars for Vehicle No. FBL5930X as at 23 Dec 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.	: FBL5930X
8. Effective Date of Ownership	: 23 Dec 2016
9. Original Registration Date	: 23 Dec 2016
10. First Registration Date	: 23 Dec 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	: NC750L
18. Year of Manufacture	: 2016
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No.	: RC671100023 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: RC67E1100031 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 745 / -
26. Maximum Power Output(kW/bhp)	: - / -
27. Unladen Weight(kg)	: 217
28. Maximum Laden Weight(kg)	: 367
29. Open Market Value	: \$8,545.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00
33. IU Label No.	: -
34. COE No.	: 2016080106000629D
35. COE Expiry Date	: 22 Dec 2026
36. COE Category	: D - Motorcycle
37. Quota Premium/Prevailing Quota Premium	: \$6,302.00
38. Actual Quota Premium/PQP Paid	: \$6,302.00
39. Actual ARF Paid	: \$1,282.00
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	: \$192.00
46. Road Tax Start Date	: 23 Dec 2016
47. Road Tax End Date	: 22 Dec 2017
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1045457

Policy No.	0073451220-15	Vehicle No.	FBL5930X	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	22/05/2019 10:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/05/2019	Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	EMERGENCY BRAKE AREA CIRCUIT(BBDC)			

▼ 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	MUHAMMAD RAZALI BIN MOHD	Driver NRIC	S82250051	Driving Experience
Register Date of Driver License	14/05/2019	Driver Age	36	Contact No.(Home)
Contact No.(Mobile)	97716377	Contact No.(Office)	0	Address 3
Address 1	105 VERDE CRESCENT	Address 2	VILLA VERDE	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
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
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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	FBL593
Claim Description	FBL5930X ON 14 May 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Workshop No. Finalisation	Yes	Preferred Workshop (refer below)	GIA report
Date Registered	22/05/2019 10:40	Claim Close Date	

Report Taken By

ROSLINDA

Workshop
Repairer☒ Print AK letter

Save

Submit

Attachment



Accident No.	MT/1045457	Claim No.	001	
Last Doc. Received	☒ Yes ☐ No	Upload Date	22/05/2019 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		Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 10:40	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 10:40	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 10:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 10:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 10:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 10:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 10:39	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

