

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MNA19080901

Date In: 21/06/2019 14:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19010988/14	SAS e-filing		
Veh No: FBK 7109T	E-mail (within 3hrs, AIC 2hrs)		
DDA: 11/06/2019 12:20	I-Motor Claim Form	MT/1050031 ⁰⁰¹	21/6/19 17:32.
OD / TP / <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vksp		

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%; 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: ()

Remarks: (INC: No. 064886016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Action: ()

MA1904641

Claimant's Particulars:	Invoice Ref: ()	Am (S)	Stam (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) LT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Inc-INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	21/06/2019 14:19
Date Of Accident	11/06/2019 12:20
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7109T
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	0073451220-15
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167

Vehicle Particulars

Manufacturer	HONDA
Model	CB400F-399CC
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	NO
Policy Number	0073451220-15
Cover Note Number	

Driver

Name of Driver	MOHAMMED SHAFRUDIN BIN MOHD ISMAIL
NRIC No	S8826287E
Date Of Birth	18/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 107 TAMPINES STREET 11 #10-347
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
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?	YES
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

REFER TO THE STATEMENT ATTACHED.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	KERB
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMMED SHAFRUDIN BIN MOHD ISMAIL
------	------------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

RIGHT SHOULDER, LEFT SHIN

FBK7109T

NO

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.

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

Policyholder's Signature
Date & Time

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

Authorising Centre Personnel's Signature
Name:
NRIC/Pass No:

CH PLAN

Bukit Batok Driving Centre - Pylon Stalom Course



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was going thru the Pylon Stalom, I lose control of the motorcycle and hit the yellow kurb on the left.

BUKIT BATOK DRIVING CENTRE LTD

BUKIT BATOK WEST AVENUE 5
SINGAPORE 650085

TEL: 656 1233 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.

ACCIDENT STATEMENT

☐ Owner
☐ Driver

Date of Accident

11/6/2019

Time

1220

Location of Accident

Bukit Batok Driving Centre

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBK 7109 T

Name of Policyholder

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

Address

Contact Number

Occupation

Tel:

Hp:

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Honda CB 400 F

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

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

☐ Yes

☐ Private

☐ No

☐ Commercial

Remarks:

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

☒ Comprehensive

☐ Yes

☐ TP Fire & Theft

☐ No

☐ Third party

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)

Mohammed Shafudin Bin Mohd Ismail

50826287E

18/07/1988

☒ Male

☐ Female

Tel:

81K 107 Tampine

Hp:

Stard 11 910-347

(521107)

☒ Yes

☐ No

GENERAL INFORMATION OF THE ACCIDENT

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

Weather Conditions

Road Surface

Damage Area

Approximate Speed

☒ Clear

☐ Wet

☐ Raining

☒ Dry

☐ Others

☐ Others

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?

Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

Yes, against whom?

☒ No

☐ No

☒ No

☐ No

☒ No

☐ No

☒ No

☐ No

☐ Yes

☒ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ 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?

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?

Mohammed Shafrudin Bu Mohd Ismail
S8826287E
Blk 107 Tampines Street 11 #10-247 (521107)
31
Right shoulder, left shin

☐ Yes
☐ Yes

☐ No
☐ No

☐ Yes
☐ Yes

☐ No
☐ No

11, Dec 2016 **DRIVING CENTRE LTD**

15, Market Street, #01-01, SINGAPORE 059085

TEL: 6500 1213 FAX: 6500 0777

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

All statements, declarations and information provided above are true in every aspect

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8826287E



Name

MOHAMMED SHAFRUDIN BIN MOHD ISMAIL

محمد شفرالدین بن محمد اسماعیل

Race

INDIAN

Date of birth

18-07-1988

Sex

M

180200670

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8826287E

Name

MOHAMMED SHAFRUDIN BIN MOHD ISMAIL

Valid Date: 18 Jul 1988

Expiry Date: 17 Nov 2018



5401561



NRIC No. S8826287E



Date of issue

19-12-2014

Address

APT BLK 107 TAMPINES STREET 11
#10-347
SINGAPORE 521107

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 2B Motorcycle <= 200 cc
Class 3 Motor cars with laden weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with laden weight <= 2500kg
28 Aug 2006
23 Mar 2007

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
Chassis Number

FBK7109T

JH2NC4799EK000462

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)

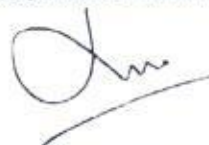
Date of issue : 02 Jan 2019 10.30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Transaction ref 20151228100312414885

The owner and vehicle particulars for Vehicle No. FBK7109T 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.	: FBK7109T
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.	: JH2NC4799EK000462 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: NC47E5000455 / -
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.	: 2015100106000619D
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/1050031

Policy No.	0073451220-15	Vehicle No.	FBK7109T	GST Registration No.	M2008
Certificate No.					
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	19880
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	64833167	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	21/06/2019 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	11/06/2019	Time of Accident hh:mm	12:20	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK DRIVING CENTRE				

▼ 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	Driver is Covered?	Not Ap
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
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	SINGA
Address 4		Address Type	Singapore address	Post Code	65908
Unit No.		Related Policy Number	5072565215-04		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMED SHAFRUDDIN BIN M	Driver NRIC	S8826287E	Driver DOB	18/07/
Register Date of Driver License	11/06/2019	Driver Age	30	Driving Experience	0
Contact No.(Mobile)	64833167	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 107 #10-347	Address 2	TAMPINES STREET 11	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52110
Unit No.	10-347				
Does he own a Singapore Registered car?	☒ Yes ☐ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE
Contact No.(Mobile)		Contact No. (Home)	
Email Address	RACHEL@BADC.SG	Vehicle Number	FBK7109T
Claim Description	FBK7109T / KERB ON 11 Jun 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Consent No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By	LIEW SHAN HUI		
☒ Print AK letter			

Save Submit

Attachment

Accident No. MT/1050031

Claim No. 001

Last Doc. Received

Yes

No

Upload Date 21/06/2019 17:32

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

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jun 2019 17:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jun 2019 17:32	SAS	Normal	SAS 2019-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jun 2019 17:32	Photos	Normal	Photos 2019-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jun 2019 17:32	Photos	Normal	Photos 2019-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jun 2019 17:32	Photos	Normal	Photos 2019-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jun 2019 17:32	Photos	Normal	Photos 2019-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jun 2019 17:32	Photos	Normal	Photos 2019-6-21

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading