

# NATIONAL Assessment Centre Services

[Ref: 23/02/20]

Date In: 11/02/20	Job description	Date & Time Completed	Done by
Ref No. NM/INC 20002325/13	SAS e-filing		
Veh No: FBK 70715	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 07/02/20 1210	I-Motor Claim Form	MT/1083841-1001	
OD: TP: <u>Reporting Only</u>	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 KEAT (ABDC))	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

NA2001351	Invoice Preparation Checklist	Am't (\$) Int. Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	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:-		
	on:		
	*N5: Courtesy Car / Tp 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	

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	11/02/2020 10:25
Date Of Accident	07/02/2020 12:10
Exact Location Of Accident	BBDC CIRCUIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK7071S
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114136261
Cover Note Number	
Driver	
Name of Driver	THIA SIEW TENG ANGELENE
NRIC No	SXXXX627F
Date Of Birth	15/03/1968
Occupation	INDOOR
Date Of Driving Pass	07/02/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	6 INDUS ROAD #12-01
Postcode	169588
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER RIDER
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 (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	THIA SIEW TENG ANGELENE
Approximate Age	
Injuries Sustain	BRUISE KNEE
Injured person in which vehicle?	FBK7071S
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 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.

**3. 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.

**BAKTI BAYU DRIVING CENTRE LTD**  
**110 CANTONMENT WEST AVENUE 5**  
**SINGAPORE 659085**  
**TEL: 6561 1233 FAX: 6569 0777**

Policyholder's Signature  
 Date & Time:

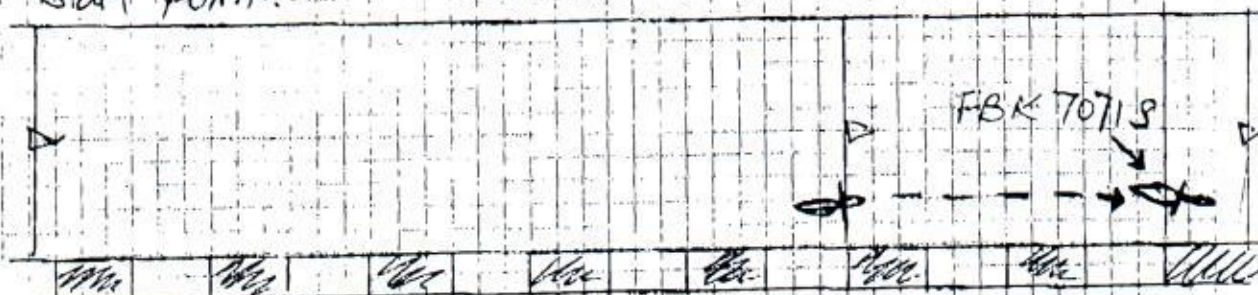
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

SKETCH PLAN

Bukit Batok Driving Centre, Circuit Course

Start point.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/2/2020, Session 3, I attend motorcycle practical lesson, in Subject class 2A 3.01.  
 At about 12.10 pm, When I was practicing emergency braking at the designation area, due to my sudden increase of speed at the braking point, I break hard on the break in order to stop my motorcycle in time, I lost control of my motorcycle, cause my motorcycle front mudguard damage, and I have a small bruise on my knee.

BUKIT BATOK DRIVING CENTRE LTD  
 15 BUKIT BATOK STREET, SINGAPORE 659065  
 TEL: 8561 1233 FAX: 8569 0771

Policyholder's Signature  
 Date & Time:

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

Report Centre Personnel's Signature  
 Name:  
 NRIC/FIN No:

☐ Owner  
☐ Driver

**ACCIDENT STATEMENT**

Date of Accident

Time

Location of Accident

7/2/2020

12:10 pm

BBDC circuit.

<b>INSURED/ POLICY HOLDER (VEHICLE A)</b>	
Vehicle Registration Number	FBK 7071-S
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: 65943515 Hp:
Occupation	
<b>VEHICLE PARTICULARS (VEHICLE A)</b>	
Vehicle Make / Model	HONDA CB 400 F
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: <input checked="" type="radio"/> Motorcycle
Exact Purpose for which vehicle was being used at the time of accident.	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle
<b>INSURANCE COMPANY (VEHICLE A)</b>	
Name of Insurance Company	NTIC
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	00734151220
<b>DRIVER</b>	
Name of Driver	THIA SIEN TENG ANGELENE
NRIC/ FIN/ Passport	S6841627 F
Date of Birth	15-3-1968
Occupation	
Driving Pass Date	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number	Tel: Hp:
Address	6 INDUS ROAD #12-01 SC169588
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.	Learner rider.
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision (E.g. Chain Collision/ Head-On, etc)	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input checked="" type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Others:
Damage Area	Front mudguard.
Approximate Speed	35 km/h
<b>OTHER INFORMATION</b>	
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>DETAILS OF POLICE ACTION</b>	
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No.	
Was notice of Intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> 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? \_\_\_\_\_

☐ Yes☐ No

Were Seat Belts Worn? \_\_\_\_\_

☐ Yes☐ No

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? \_\_\_\_\_

☐ Yes☐ No

Were Seat Belts Worn? \_\_\_\_\_

☐ Yes☐ No

Was Injured conveyed to Hospital by Ambulance? \_\_\_\_\_

**Declaration**

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

**BURN HATCH DRIVING CENTRE LTD**  
818 BURN HATCH DRIVE, WEST AVENUE 5,  
SINGAPORE 659085

TEL: 6561 1288 FAX: 6560 0777

Signature of Policy Holder

(Company Chop if applicable)

Date &amp; Time \_\_\_\_\_

Date &amp; Time \_\_\_\_\_

Signature of Driver / Date &amp; Time

(If Driver is not the Policy Holder)



## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5114136261-000015

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: FBK70715

Chassis Number

: JH2NC4795EK000474

2. Name of Policyholder

: BUKIT BATOK DRIVING CENTRE LTD

3. Effective Date of Insurance

: 01 Jan 2020

4. Expiry Date of Insurance

: 31 Dec 2020

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

: 23 Dec 2019 09:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

## Annex A

Transaction ref 20151228102513146325

The owner and vehicle particulars for Vehicle No. FBK7071S 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.	: FBK7071S
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.	: JH2NC4795BK000474 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: NC47E5000469 / -
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.	: 2015100106000622D
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/1083841

Policy No.	5114136261	Vehicle No.	FBK70715	GST Registrat
Certificate No.	5114136261-000015			
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	65943515	Contact No.(I
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	11/02/2020 11:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/02/2020	Time of Accident hh:mm	12:10	Country of Ac
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			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01,
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	5114136654	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	THIA SIEW TENG ANGELENE	Driver NRIC	SXXXX627F	Driver DOB
Register Date of Driver License	07/02/2020	Driver Age	51	Driving Experi
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(I
Address 1	6 INDUS ROAD	Address 2	EMERALD PARK TOWER 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#12-01			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	FBK70715 ON 7 Feb 2020		
Preferred Workshop No. Finalisation	Yes	Insured Liability	Fully at Fault
	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	11/02/2020 11:23
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.

MT/1083841

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

11/02/2020 00:00

Path \*

Category \*

Confid

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

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2020 11:23	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2020 11:23	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2020 11:22	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2020 11:22	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2020 11:22	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2020 11:22	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2020 11:22	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2020 11:22	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	
<div><div>Display in New Window</div><div>Scan and uploading</div></div>			

https://gclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

2/2