

Claim Handling

Accident MT/1099992

Policy No.	5114136261	Vehicle No.	FBQ15368	GST Registration No.	M2008B933
Certificate No.	5114136261-000059				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD	Cover Type	Comprehensive	Policyholder NRIC	198801137
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	65943515	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	No Yes	eCode	50
KFK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	14/08/2020 17:57	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	05/07/2020	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	1 BRIDGE AREA BRID				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M2008B933	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	115 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	659088
Unit No.		Related Policy Number	5112584367-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/09/1975
Unnamed driver Name	SHUTTALWADIE ROHIT	Driver NRIC	S7487761E	Driving Experience	0
Register Date of Driver License	05/07/2020	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	96555125	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	51 DUCHESS AVENUE	Address 2	DUCHESS GARDEN	Post Code	268126
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	In: NF
Contact No.(Mobile)		Contact No.		Co: NC
Email Address		Contact No.(Home)		(O: TP
Claim Description		Vehicle Number	FBQ15368	Ve: No
				Ne: Pr
				Wi:
Preferred Workshop		Insured Liability	Fully at Fault	
Preferred Repair Option		Preferred Workshop (refer below)		
Finalisation	Yes	GIA report	Received	
Date Registered				
Report Taken By		Claim Close Date	14/08/2020 18:03	De: Re
		Workshop Repairer	ROSLINDA	To: bu Re
Print AK letter				

Save Submit

Attachment

Accident No.	MT/1099992	Claim No.	001		
Last Doc. Received	☒ Yes ☐ No	Upload Date	14/08/2020 00:00		
Path *		Category *	Confidential	Urgency *	
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen

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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) on 14 Aug 2020 18:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	SAS		Normal	SAS 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	Photos		Normal	Photos 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	Photos		Normal	Photos 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	Photos		Normal	Photos 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	Photos		Normal	Photos 2020-8-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2020 18:03	Photos		Normal	Photos 2020-8-14

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	

NATIONAL Assessment Centre Services

(Ref: J-102)

Date In: 14/08/20	Job description	Date & Time Completed	Done by:
Ref No: NM/INC20008459/12	SAS e-filing		
Veh No: FBQ1587D	E-mail (within 3hrs, At 2hrs)		
DOA: 05/07/20 0800	i-Motor Claim Form	MT/1099992-001	
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (KIM KEAT (BAC) Tel: Fax:)

TP Particulars: Veh No: SK120ED 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:

NA2004187

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cal 1:

Cal 2 / 3:

Invoice Preparation Checklist

	Am't (\$) In 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: Idno DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (N'm INC) against INC	\$20	
9) N12: Idno Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	