

# NATIONAL Assessment Centre Services

Date In: 03/10/20	Job description	Date & Time Completed	Done by
Ref No. NM/INC20010625/13	SAS e-filing		
Veh No: FBQ 16717	E-mail (within 3hrs, At 2hrs)		
D.O.A: 25/09/20 1300	i-Motor Claim Form	MT/1105394 - 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: (	Tel:	Fax:
TP Particulars:	Veh No: SMU24340	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

Claimant's Particulars:	Invoice Preparation Checklist		Unit (\$)	Unit (\$)
			Int Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$50)			
	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: Idao DA + SMRT Survey \$160			
Driver/Owner:	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 \$0			
	Invoice dated		Fee Charged	
	Invoice dated		Fee Charged	
Contact No:				
Damaged Portion:				
QC Checked by (Engr-In-Charge):				
Auditors' Comments:				
Pat. 1:				
Pat. 2 / 3:				

## 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	03/10/2020 09:26
Date Of Accident	25/09/2020 13:00
Exact Location Of Accident	BBDC CIRCUIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1671T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	TRAINEE
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

### 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	CLINTON HOW JUN WEI
NRIC No	TXXXX019E
Date Of Birth	16/02/2000
Occupation	INDOOR
Date Of Driving Pass	25/09/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 414 PANDAN GARDENS #03-135
Postcode	600414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	3
Was any body injured in the Accident?	NO
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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU2434D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMT6899A
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.

EUROPEAN DRIVING CENTRE  
315 BUKIT BATOK ROAD, 3RD AVENUE 5  
SINGAPORE 651465  
Tel: 6561 1233 Fax: 6561 5777

Policyholder's Signature  
Date & Time:

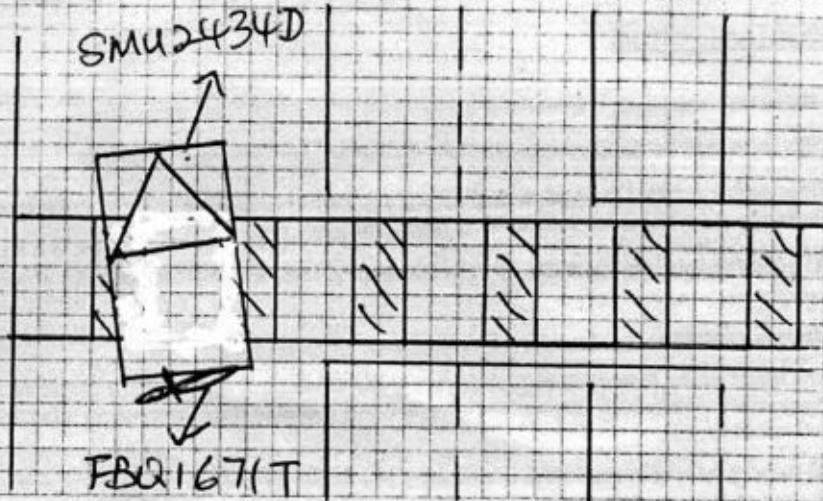
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

Pedestrian  
crossing  
Area.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping at the pedestrian crossing. When I decide to move off I stall repeatedly as I got more panic when it stall the engine more I over throttle the bike and release the clutch too fast causing the bike to lose control and go toward car (SMU 2434D).

DECLARATION

I/we declare that foregoing particulars are true in every respect.

315 E KITE TOK ST 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:

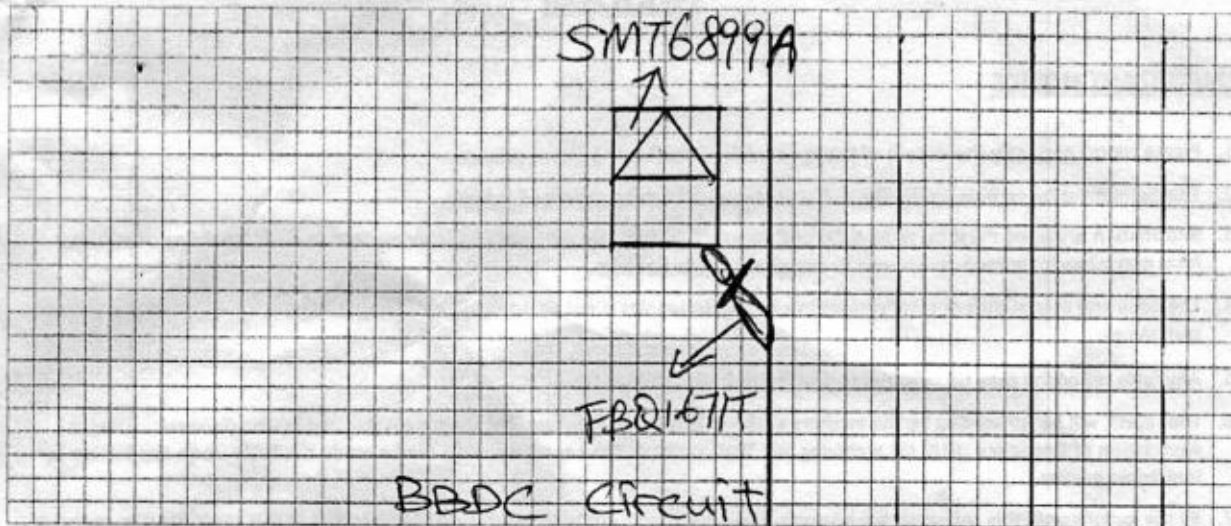
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

(2)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I dismounting the bike I didn't off the power and set to natural gear. As I dismount the bike with engine on. I felt is too heavy again I trying to gain the balance of the bike I accidentally throttle power and release clutch causing the bike to lose control.

DECLARATION

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

615 BUKIT BATOK ST 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/FIN No.:

# ACCIDENT STATEMENT

Accident 2  
00

☐ Owner  
☐ Driver

Date of Accident

Time

Location of Accident

25/9/2020

BADC Circuit

## INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBO 1671T

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 CBF190WH

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:

Vehicle category

☐ Private

☐ Commercial

☐ Motorcycle

## INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

NTUC

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☒ Yes

☐ No

Policy Number

0073415/220

## DRIVER

Name of Driver

CLINTON HOW JUN WEI

NRIC/ FIN/ Passport

7000 5019E

Date of Birth

Occupation

Driving Pass Date

Gender

☐ Male

☐ Female

Contact Number

Tel:

Hp:

Address

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)

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

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.

615 EAST WALK, TOKYO STREET AVENUE 5  
SINGAPORE 659085

Tel: 6561 1233 FAX: 6569 9777  
Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

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

Date & Time

## 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 : 5114136261-000081

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **FBQ1671T**  
Chassis Number : **LWBMC4693L1600361**
  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)**

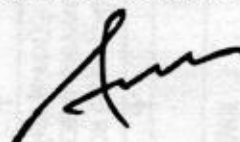
Date of Issue : **23 Dec 2019 09:28 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Register New Vehicle (Acknowledgement)

## Vehicle Particulars

Vehicle No.:	FBQ1718T		
Vehicle Type:	P00 - Passenger Motorcycle / Autocycle / Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4696L1600371	Engine No.:	MC46E5092395
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	\$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$2,241.00 (15%)
Actual ARF Paid:	\$337.00		

## Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block / House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-



## Claim Handling

Accident MT/1105394

Policy No.	5114136261	Vehicle No.	FBQ1671T	GST Registration No.	M20080531
Certificate No.	5114136261-000081				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD				
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Policyholder NRIC	198801155
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	No

## ▼ Accident Details

Report Date	03/10/2020 10:24	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	25/09/2020	Time of Accident hh:mm	13:00	Country of Accident	Singapore
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	Driver is Covered?	Covered
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	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CLINTON HOW JUN WEI	Driver NRIC	T0005019E	Driver DOB	16/02/2001
Register Date of Driver License	25/09/2020	Driver Age	20	Driving Experience	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 414	Address 2	PANDAN GARDENS	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	600414
Unit No.	#03-135				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	BUKIT BATOK DRIVING CENTRE	In: NF
Contact No.(Mobile)		Contact No. (Home)		Co No (O)
Email Address		OI Vehicle Number	FBQ1671T	TP Ve Nu
Claim Description	FBQ1671T / SMU2434D ON 25 Sept 2020			Na Ph Wt
Preferred Workshop		Insured Liability	Fully at Fault	
Repair Option	Preferred	Preferred Workshop (refer below)		
Date Registered	03/10/2020 10:32	GIA report	Received	
Report Taken By	ROSLINDA	Workshop Repairer		
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

## Attachment

Accident No.	MT/1105394	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/10/2020 00:00
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
			Please Select
			Confidential
			Urgency *
			Normal
			Normal
			Normal



No file chosen No file chosen No file chosen

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

## ▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2020 10:31	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2020 10:30	SAS		Normal	SAS 2020-10-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2020 10:30	Photos		Normal	Photos 2020-10-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2020 10:30	Photos		Normal	Photos 2020-10-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2020 10:30	Photos		Normal	Photos 2020-10-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2020 10:30	Photos		Normal	Photos 2020-10-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2020 10:30	Photos		Normal	Photos 2020-10-3

## ▼ Video List

Uploaded By/Date	Folder Date	File Name		Source
<div><input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/></div>				