

NATIONAL Assessment Centre Services [Logo] 3

Date In: 09/12/20	Job description	Date & Time Completed	Done by
Ref No. NM/INC20013579/13	SAS e-filing		
Veh No: FL5555Z	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 30/11/20 1250	I-Motor Claim Form	09/12 MT/1112914	-001
OD: TP / Reporting Only	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 Wksp		

Preferred Wksp / INC Assign Wksp / QW: (KIM KEAT (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/for) Inc: 6886615 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	Action

NA2006409	Invoice Preparation Checklist	Amount (\$)	Add (\$)
Client Particulars	1) AR: Accident Reporting (\$30)	INC (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45	
Contact No:	3) TP: Towing Fee	\$120	
Damaged Portion:	4) FT: Follow-Through Survey	\$30	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$75	
Auditors' Comments:	6) TR: Re-inspection	\$160	
Tel. 1:	7) N1: Idao DA + SMRT Survey		
Tel. 2/3:	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	

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 Submission 09/12/2020 11:07 (SGT)
Date of Accident 30/11/2020 12:50 (SGT)
Exact Location of Accident 815 Bukit Batok West Ave 5, Singapore 659085
Additional Location Information BBDC CIRCUIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FL5555Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BUKIT BATOK DRIVING CENTRE LTD
Company Reg No 1XXXXX155R
Email Address tanboonkiat@bbdc.sg
Mobile Phone No (Phone) +65-64833167
Alternative Phone No (Office) +65-64833167

VEHICLE PARTICULARS

Manufacturer Honda
Model Msx125
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5114136261
Cover Note Number -

DRIVER

Name of Driver ONG XI WEI,GRACE(WANG XIWEI)
NRIC No SXXXX060E
Date Of Birth 02/04/1986
Occupation Indoor

Date Of Driving Pass	30/11/2020
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-96624197
Alt. Phone Number	-
Email Address	the.crimson.sky@gmail.com
Address	BLK 92B TELOK BLANGAH ST 31
Address complement	#06-187
Postcode	102092
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG XI WEI,GRACE(WANG XIWEI)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FL5555Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	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.

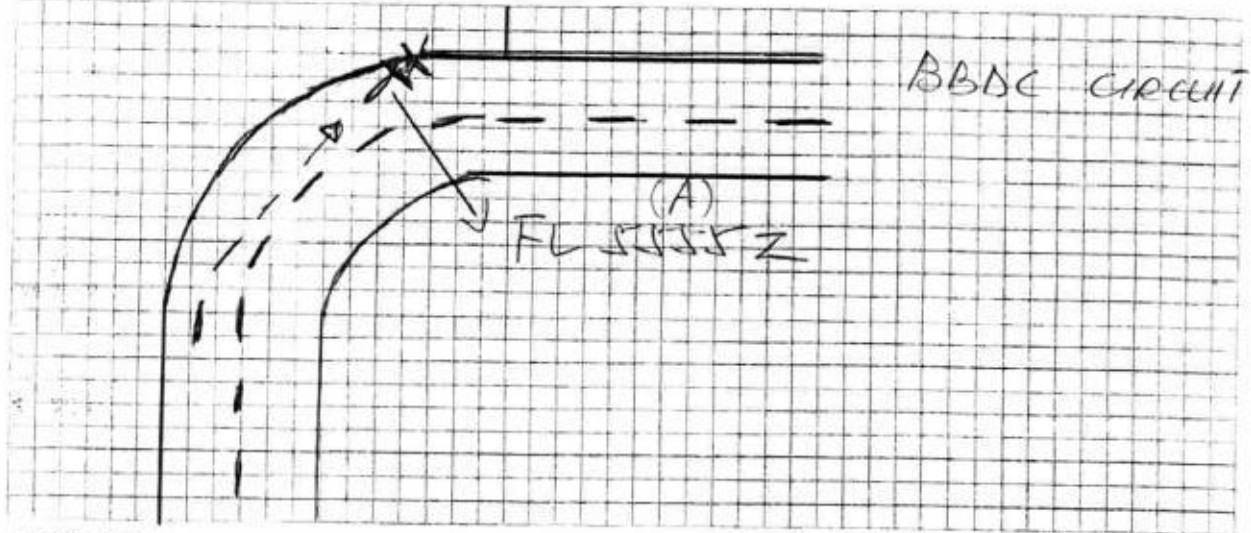
Edwin
Policyholder's Signature
Date & Time:

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

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

DUKAT DRIVING CENTRE
015 DUKAT PARK WEST AVENUE 6
SINGAPORE 659035
TEL: 6561 1233 FAX: 6569 0777

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/11/2020, I was doing my motorcycle practical lesson subject 1.02. I was going round the main circuit outer course left lane to practise my gear shifting and speed control.


At about 1250pm, at a corner, I fall off from my bike and injured my leg due to my speed was too fast, my bike hit on the kerb and fall.


I was send to hospital for treatment.

DECLARATION

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

Edwin
 Policyholder's Signature
 Date & Time
 Company Chop (if applicable)


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

 09/12/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No:

EDUCATION DRIVING CENTRE LTD
 55 LUKIT ENTOK AVENUE 5
 SINGAPORE 659085
 TEL: 6561 1233 FAX: 6569 0777

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
30/11/2020	1250	Bukit Batch Driving Centre - Circuit

INSURED/POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	FL 5555 Z	
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 MSX 125	
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus/M/cycle, Others: _____	
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	

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company		
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		
Motor Cl.		

DRIVER

Name of Driver	ONG XI WEI GRACE	
NRIC/ FIN/ Passport	S8608060E	
Date of Birth	02/04/1986	
Occupation		
Pass Date (Driving Experience)		
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	
Contact Number	Tel:	Hp:
Address	BIR 92B TELOK BLANGAH ST 31 #06-187	
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.		
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	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others: _____	
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others: _____	
Damage Area		
Approximate Speed		

OTHER INFORMATION

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	

DETAILS OF POLICE ACTION

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	Ong Xi wei Grace
NRIC/ FIN/ Passport	S8608060E
Address	Blk 92B Telok Blangah Street 31 #06-187
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Edun
 Signature of Policy Holder
 (Company Chop if applicable)

Date & Time

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

Date & Time

EDUN AUTO DRIVING CENTRE LTD
 015 BUKIT BATOK AVENUE 5
 SINGAPORE 659085
 TEL: 6361 1233 FAX: 6369 0777

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114136261	5114136261-000104	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FL5555Z	FL5555Z	01/01/2020	31/12/2020

Continue

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 : 5114136261-000104

Cover : Comprehensive

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FL5555Z |
| Chassis Number | : MLHJC61A3G5302687 |
| 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

Transaction ref 20170125144316230720

The owner and vehicle particulars for Vehicle No. FL5555Z as at 25 Jan 2017 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 BUKIT BATOK DRIVING CENTRE SINGAPORE 659085
6.	Mailing Address	: -
7.	Vehicle No.	: FL5555Z
8.	Effective Date of Ownership	: 25 Jan 2017
9.	Original Registration Date	: 25 Jan 2017
10.	First Registration Date	: 25 Jan 2017
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	: MSX125
18.	Year of Manufacture	: 2016
19.	Primary Colour	: Red
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: MLHJC61A3G5302687 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: JC61E2306472 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 125 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 104
28.	Maximum Laden Weight(kg)	: 258
29.	Open Market Value	: \$2,456.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016120106000673E
35.	COE Expiry Date	: 24 Jan 2027
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: \$6,212.00
38.	Actual Quota Premium/PQP Paid	: \$6,212.00
39.	Actual ARF Paid	: \$369.00
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	: \$64.00
46.	Road Tax Start Date	: 25 Jan 2017
47.	Road Tax End Date	: 24 Jan 2018
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1112914

Policy No.	5114136261	Vehicle No.	FL5555Z	GST Registration No.	M200805321
Certificate No.	5114136261-000104				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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	No

▼ **Accident Details**

Report Date	09/12/2020 11:14	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	30/11/2020	Time of Accident hh:mm	12:50	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
Additional Excess		Driver is Covered?	Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/04/1994
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 659085
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	Driver DOB	02/04/1986
Unnamed driver Name	DNG XI WEI,GRACE(WANG XIW)	Driver NRIC	S8608060E	Driving Experience	0
Register Date of Driver License	30/11/2020	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	96624197	Contact No.(Office)	0	Address 3	TELOK BLANGAH I
Address 1	BLK 92B	Address 2	TELOK BLANGAH STREET 31	Post Code	102092
Address 4	SINGAPORE 102092	Address Type	Singapore address		
Unit No.	#06-187	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address	TANCHOONGMENG@BBDC.SG	OT Vehicle Number	FL5555Z	TP Vehicle Number	
Claim Description	FL5555Z ON 30 Nov 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered		Claim Close Date	09/12/2020 11:23	Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Lost but Repaired	

Print AK letter

Attachment

Accident No. MT/1112914 Claim No. 001

Last Doc. Received

Yes No

Upload Date

09/12/2020 00:00

Path *

- No file chosen
- No file chosen
- No file chosen
- No file chosen
- No file chosen
- No file chosen

Clear	Category *	Confidential	Urgency *
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 11:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 11:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 11:21	SAS		Normal	SAS 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 11:21	Photos		Normal	Photos 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 11:21	Photos		Normal	Photos 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 11:21	Photos		Normal	Photos 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 11:21	Photos		Normal	Photos 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 11:21	Photos		Normal	Photos 2020-12-9

Video List

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